

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 823931

(1)

1. Corporation Name

LENNAR CORPORATION

Principal Place of Business

700 NW 107TH AVE
MIAMI FL 33172

Mailing Address

700 NW 107TH AVE
MIAMI FL 33172

3. Date Incorporated or Qualified
12/31/1969

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1281887

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J., ESQ.
700 N.W. 107TH AVENUE
MIAMI FL 33172

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Print Name and Address)

Signature of Agent (Print Name and Address)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PDC	MILLER, LEONARD	700 NW 107 AVENUE	MIAMI FL	☐
VD	BOLOTIN, IRVING	700 NW 107 AVENUE	MIAMI FL	☐
V	KRONICK, SHERMAN J.	700 NW 107 AVENUE	MIAMI FL	☐
T	SALEDA, M.E.	700 NW 107 AVENUE	MIAMI FL	☐
VS	PEKOR, ALLAN J (ASST S)	700 NW 107 AVENUE	MIAMI FL	☐
AS	SANTAELLA, GRACE	700 NW 107 AVENUE	MIAMI FL	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
2. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
3. TITLE	3. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY - ST - ZIP	5. DELETE
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY - ST - ZIP	5. DELETE
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY - ST - ZIP	5. DELETE
7. TITLE	7. NAME	7. STREET ADDRESS	7. CITY - ST - ZIP	5. DELETE
8. TITLE	8. NAME	8. STREET ADDRESS	8. CITY - ST - ZIP	5. DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Grace Santaella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96

(306)
229-6400

CR2E034 (12/95)