

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 20 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K25613 (6)**  
 1. Corporation Name  
**LENNAR CAPITAL CORPORATION**

Principal Place of Business  
 760 N.W. 107TH AVE  
 MIAMI FL 33172

Mailing Address  
 760 N.W. 107TH AVE  
 MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		<b>3. Date Incorporated or Qualified</b> 06/06/1988	
<b>4. FEI Number</b> 65-0054750		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

<b>9. Name and Address of Current Registered Agent</b> WATSKY, MORRIS J. 700 N.W. 107TH AVE MIAMI FL 33172				<b>10. Name and Address of New Registered Agent</b> 81 Name <i>Rubin Shelly VP FINANCE</i> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <i>760 NW 107 AVE</i> 84 City <i>Miami</i> <b>FL</b> 85 Zip Code <i>33172</i>			
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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 *Shelly Rubin* *3/30/98*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MODIST, DEBRA		1.2 NAME	RUBIN, Shelly			
STREET ADDRESS	700 NW 107TH AVE		1.3 STREET ADDRESS	760 NW 107 AVE			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FL 33172			
TITLE	VT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MUNOZ, JANICE		2.2 NAME	Miller, STUART A.			
STREET ADDRESS	700 N.W. 107TH AVE		2.3 STREET ADDRESS	760 NW 107 AVE			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FL 33172			
TITLE	DVS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	REED, LINDA		3.2 NAME	Miller LEONARD			
STREET ADDRESS	700 N.W. 107TH AVE		3.3 STREET ADDRESS	700 NW 107 AVE			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI FL 33172			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCNALLY, DENNIS		4.2 NAME	JORDAN, Margaret			
STREET ADDRESS	700 N.W. 107TH AVE		4.3 STREET ADDRESS	760 NW 107 AVE			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI FL 33172			
TITLE	6	<input type="checkbox"/> DELETE	5.1 TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAIONTZ, STEVEN J.		5.2 NAME	SAIONTZ, STEVEN J			
STREET ADDRESS	700 N.W. 107TH AVE		5.3 STREET ADDRESS	760 NW 107 AVE			
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	MIAMI FL 33172			
TITLE	DV	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KAMINSKY, NANCY		6.2 NAME	McMickle, J.T.			
STREET ADDRESS	700 N.W. 107TH AVE.		6.3 STREET ADDRESS	760 NW 107 AVE			
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	MIAMI FL 33172			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *A.T. Mmm* *J.T. Mickle 3/25/98* *305/425-2000*

CR2E034 (10/97)