


FILE NOW: FILING FEE IS \$61.25

FILED

**May 01 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N08852 (8)
 1. Corporation Name
THE LEHRMAN DAY SCHOOL, INC.

Principal Place of Business 727 77TH STREET MIAMI BEACH FL 33141	Mailing Address 1701 WASHINGTON AVE MIAMI BCH FL 33139 US
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3. Date Incorporated or Qualified 04/22/1985	
4. FEI Number 59-0711180	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**SCHANTZ, SCHATZMAN & AARONSON
200 S BISCAYNE BLVD #3850
SE FINANCIAL CENTER
MIAMI FL 33131-2394**

10. Name and Address of New Registered Agent

81 Name Richard Alan Lehman	
82 Street Address (P.O. Box Number is Not Acceptable) 777 41st Street	
83 Fourth floor	
84 City Miami Beach	85 Zip Code FL 33140

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHANTZ, LAWRENCE M.	1.2 NAME	P/O Thor Hollo
STREET ADDRESS	200 S BISCAYNE BLVD 3000	1.3 STREET ADDRESS	100 South Bayshore Drive, Suite 1100
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALEK, ROCHELLE	2.2 NAME	V/D Gary Edelstein
STREET ADDRESS	420 LINCOLN RD.	2.3 STREET ADDRESS	2665 South Bayshore Drive, Suite 908
CITY-ST-ZIP	MIAMI BCH FL	2.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REVITZ, MARK	3.2 NAME	D
STREET ADDRESS	10865 NE QUAY BRIDGE CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIRULNICK, JEFFREY	4.2 NAME	S/P Richard Alan Lehman
STREET ADDRESS	14557 S.W. 94 LANE	4.3 STREET ADDRESS	777 41st Street, Fourth floor
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTZ, JAVIER	5.2 NAME	T/D
STREET ADDRESS	94 LA GORCE CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Richard Alan Lehman** 3/27/98 (305) 524-1323

CP2E037 (10/97)