


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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 P/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHANTZ, LAWRENCE M.		1.2 NAME 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 V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MALEK, ROCHELLE		2.2 NAME 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 D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REVITZ, MARK		3.2 NAME	
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 S/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ZIRULNICK, JEFFREY		4.2 NAME 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 T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLTZ, JAVIER		5.2 NAME	
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)