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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90093 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N08852					
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		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/22/1985	
4. FEI Number 59-0711180		Applied For 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					
9. Name and Address of Current Registered Agent LEHRMAN, RICHARD 777 41ST ST 4TH FL MIAMI BCH FL 33140				10. Name and Address of New Registered Agent 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME HOLLOW, THOR					
1.3 STREET ADDRESS 100 S BAYSHORE DR, STE 1100					
1.4 CITY-ST-ZIP MIAMI FL 33131					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME EIDELSTEIN, G					
2.3 STREET ADDRESS 2665 S BAYSHORE DR, STE 908					
2.4 CITY-ST-ZIP MIAMI BCH FL 33133					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME REVITZ, MARK					
3.3 STREET ADDRESS 10665 NE QUAY BRIDGE CT					
3.4 CITY-ST-ZIP MIAMI FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME LEHRMAN, RICHARD					
4.3 STREET ADDRESS 777 41ST ST, 4TH FL					
4.4 CITY-ST-ZIP MIAMI BCH FL 33140					
5.1 TITLE <input checked="" type="checkbox"/> DELETE					
5.2 NAME HOLTZ, JAVIER					
5.3 STREET ADDRESS 94 LA GORCE CIRCLE					
5.4 CITY-ST-ZIP MIAMI BEACH FL					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME Tibor Hallo					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME Gary					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME 510-23					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

305 534-1323

Date

Daytime Phone #

CR2F037-11/98