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

PROFIT CORPORATION ANNUAL REPORT



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

1996

OCUMENT #	P93000014808	(8)
. Corporation ramo		

Corporation LENNA Principal Place	R FLORIDA LAND VI Q.A., II	NC. Mailing Address				
760 NW 107T SUITE 400 MIAMI FL 331		760 NW 107TH AVE Suite 400 Miami FL 33172				
MIAMI PL 33		MINMI (C 95172			3. Date Incorporated or Qualified 02/26/1993	3a. Date of Last Report 04/17/1995
_2. Principal Pla 21	ice of Business	2a. Mailing Address			4. FEI Number 65-0393133	Applied For Not Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	r	8. This corporation has liability for	
<u></u>	9. Name and Address of Current		1001		10. Name and Address of New	Registered Agent
			81 82 83	Street Addr	ess (P.O. Box Number is Not Accepta	ble)
or register familiar wit SIGNATURE _	o the provisions of Sections 607.0502 and agent, or both, in the State of Floridation, and accept the obligations of, Section Section 1.	a. Such change was authorize in 607,0505, Florida Statutes.	id by the corp	named corpor poration's boar of signature require	rd of directors. I hereby accept the app	urpose of changing its registered office pointment as registered agent. I am
12.	Signature, typed or primed name of registered algent a OFFICERS AND		13.	ii signaldre redores		FICERS AND DIRECTORS IN 12
TITLE	DVP	☐ DELETE	1. 1 TITLE	\mathcal{D}	NP	Change
NAME	LEWIS, WILLIAM M. JR.	CAC ANTH FLOOD	1.2 NAME	· ·	Miam M. Lewis 85 Broadway	Jrin Floor
STREET ADDRESS	1251 AVENUE OF THE AMER NEW YORK NY	CAS 28TH FLOOR	1.3 STREE 1.4 CITY -	T ADDRESS	lew Vant Nil	10021
CITY-ST-ZIP	DPST	DELETE	2. 1 TITLE		ew york, My	☐ Change ☐ Addition
NAME	KRASNOFF, JEFFREY P.	(L)	2 2 NAME			
STREET ADDRESS	700 NW 107TH AVE SUITE	400		I ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 DITY-			
TITLE	V	☐ DELETE	3. 1 TITLE		\mathcal{P}	Change Addition
NAME	LEVIN, DAVID		3 2 NAME	1	avid Levin	au Ola 1100
STREET ADDRESS	760 NW 107TH AVE SUITE	400	3.3. STREE	ET ADDRESS	ONW 10TH 1	Changs Addition OVE., SHE. 460 BITZ Changs Addition
CHY-SI-ZIP	MIAMI FL		/ : 34 CITY-	ST-ZIP	Mami F1 33	3/72
TITLE	AS	☐ DELETE	4 1 TITLE			☐ Change ☐ Addition
NAME	NEALON, THOMAS F. III	•	4.2 NAME			
STREET ADDRESS	760 NW 107TH AVE SUITE	400	4.3 STREE	T ADDRESS		
CITY - S* - ZIP	MIAMI FL		4.4 CITY-			
TITLE	VST	DELETE	5 17ITLE	1	2000018	Addition
NAME	KRASNOFF, JEFFREY P		5.2 NAME	j	-05/03/960)	1054014
STREET ADDRESS	760 NW 107 AVE, STE 400		5.3 STREE	1 ADDRESS	***200.00	
CHY-ST-ZIP	MIAMI FL		5.4 CHTY-			
TITLE		☐ DELETE	6 1 TITLE			☐ Change ☐ Addition
NAME			6 2 NAME			>2/n
STREET ADDRESS			63 STREE	T ADDRESS		/ 5./
CITY-ST-ZIP			6.4 CHY-	ST-ZIP		

14. Ido 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 aridress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/91 /305)220-4300