

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000082179 (1)**

1. Corporation Name  
**LENNAR METRO HOLDINGS, INC.**



Principal Place of Business: **700 NW 107TH AVENUE MIAMI FL 33172**  
Mailing Address: **700 NW 107TH AVENUE MIAMI FL 33172**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **12/01/1993**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0451358**  
5. Certificate of Status Desired:   
6. Election Campaign Financing:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **WATSKY, MORRIS J 700 NW 107TH AVENUE MIAMI FL 33172**  
10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0202 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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>CD</b>	NAME: <b>MILLER, LEONARD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>700 NW 107TH AVE</b>	CITY-STATE-ZIP: <b>MIAMI FL 33172</b>	2. NAME	
TITLE: <b>VD</b>	NAME: <b>BOLOTIN, IRVING</b>	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>700 NW 107TH AVE</b>	CITY-STATE-ZIP: <b>MIAMI FL 33172</b>	4. CITY-STATE-ZIP	
TITLE: <b>SD</b>	NAME: <b>COLE, ROBERT B</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>700 NW 107TH AVE</b>	CITY-STATE-ZIP: <b>MIAMI FL 33172</b>	6. NAME	
TITLE: <b>AS</b>	NAME: <b>WATSKY, MORRIS J.</b>	7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>700 N.W. 107TH AVE.</b>	CITY-STATE-ZIP: <b>MIAMI FL 33172</b>	8. CITY-STATE-ZIP	
TITLE: <b>T</b>	NAME: <b>SALEDA, M.E.</b>	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>700 N.W. 107TH AVE.</b>	CITY-STATE-ZIP: <b>MIAMI FL 33172</b>	10. NAME	
TITLE: <b>V</b>	NAME: <b>LEVIN, DAVID</b>	11. STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: <b>700 N.W. 107TH AVE.</b>	CITY-STATE-ZIP: <b>MIAMI FL 33172</b>	12. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(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 it is listed, or on any attachment with an address.

SIGNATURE: *Grace Santaella* **Grace Santaella** 4-5-96 **229-6400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)