

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90179 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P94000002384

1. Corporation Name
LENCORP OF AMERICA MORTGAGE & FINANCIAL SERVICE S, INC.



Principal Place of Business
 9240 SUNSET DRIVE
 SUITE 235
 MIAMI FL 33173
 US

Mailing Address
 12460 TAMIAMI TRAIL
 STE #102
 MIAMI FL 33184
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 26 9240 Sunset Dr. #235
 Suite, Apt. #, etc. 22 27 235
 City & State 23 28 Miami
 Zip 24 25 Country 29 30 33173

3. Date Incorporated or Qualified
 01/11/1994

4. FEI Number
 65-0754223

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 LANDRIAN, FRANCISCO
 9240 SUNSET DRIVE
 SUITE 235
 MIAMI FL 33173

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE 1-17-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/ Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRIAN, FRANCISCO	1.2 NAME	Barbara P. Landrian
STREET ADDRESS	9240 SUNSET DRIVE	1.3 STREET ADDRESS	9240 Sunset Dr. #235
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	Miami, Fl. 33173
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANDRIAN, BARBARA	2.2 NAME	Francisco Landrian
STREET ADDRESS	9240 SUNSET DRIVE	2.3 STREET ADDRESS	9240 Sunset Drive #235
CITY-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	Miami, Fl. 33173
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 270-9411
 1/7/99

Date Daytime Phone #

CR2E034 (1.1/98)