

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** Suite, Apt. #, etc. **22** City & State  
**23** Zip **24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc. **27** City & State  
**28** Zip **29** Country

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 **85** Zip Code  
**FL**

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDRIAN, FRANCISCO</b>	1.2 NAME	<b>President/ Secretary</b>
STREET ADDRESS	<b>9240 SUNSET DRIVE</b>	1.3 STREET ADDRESS	<b>Barbara P. Landrian</b>
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	1.4 CITY-ST-ZIP	<b>9240 Sunset Dr. #235 Miami, Fl. 33173</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LANDRIAN, BARBARA</b>	2.2 NAME	<b>Director</b>
STREET ADDRESS	<b>9240 SUNSET DRIVE</b>	2.3 STREET ADDRESS	<b>Francisco Landrian</b>
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	2.4 CITY-ST-ZIP	<b>9240 Sunset Drive #235 Miami, Fl. 33173</b>
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
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>President/ Secretary</b>
1.3 STREET ADDRESS	<b>Barbara P. Landrian</b>
1.4 CITY-ST-ZIP	<b>9240 Sunset Dr. #235 Miami, Fl. 33173</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Director</b>
2.3 STREET ADDRESS	<b>Francisco Landrian</b>
2.4 CITY-ST-ZIP	<b>9240 Sunset Drive #235 Miami, Fl. 33173</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 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)