

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000015015 (8)**

1. Corporation Name

LENNAR MOTE RANCH, INC.



Principal Place of Business

Mailing Address

760 N.W. 107TH AVE.
SUITE 400
MIAMI FL 33172

760 N.W. 107TH AVE.
SUITE 400
MIAMI FL 33172

2. Principal Place of Business

2a. Mailing Address

21 700 N.W. 107 Ave.

26 700 NW 107 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 4th Floor TAX DEPT

27 4th Floor TAX DEPT

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip Country

Zip Country

24 33172 25 USA

29 33172 30 USA

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J
700 NW 107TH AVENUE
MIAMI FL 33172

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/24/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0474707

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

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 type or position (e.g., President, Treasurer, Secretary)

Signature type or position (e.g., President, Treasurer, Secretary)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **CDST**
NAME: **KRASNOFF, JEFFREY P.**
STREET ADDRESS: **700 NW 107 AVE**
CITY- ST- ZIP: **MIAMI FL**

11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY- ST- ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

21 TITLE: Change Addition
22 NAME: **PID Miller, Stuart A**
23 STREET ADDRESS: **700 NW 107 AVE**
24 CITY- ST- ZIP: **MIAMI, FL 33172**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

31 TITLE: Change Addition
32 NAME: **TIV Saleda, M.E.**
33 STREET ADDRESS: **700 N.W. 107 Ave**
34 CITY- ST- ZIP: **Miami, FL 33172**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

41 TITLE: Change Addition
42 NAME: **VID Pekar, Allan J.**
43 STREET ADDRESS: **700 N.W. 107 Ave.**
44 CITY- ST- ZIP: **Miami, FL 33172**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

51 TITLE: Change Addition
52 NAME: **AS Santaella, Grace**
53 STREET ADDRESS: **700 NW 107 AVE**
54 CITY- ST- ZIP: **Miami, FL 33172**

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

61 TITLE: Change Addition
62 NAME: **SID Cole, Robert B.**
63 STREET ADDRESS: **700 NW 107 Ave**
64 CITY- ST- ZIP: **Miami, FL 33172**

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 119.07(3)(c), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Grace Santaella Grace Santaella 4/23/96 (305) 229-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE PHONE #

CR2E034 (12/95)