

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT # P94000050494 (1)**

1. Corporation Name:  
**LARCHMONT FINANCE CORPORATION**



Principal Place of Business: **2000 TOWERSIDE TER SUITE 1902 MIAMI FL 33138**  
 Mailing Address: **2000 TOWERSIDE TER SUITE 1902 MIAMI FL 33138**

3. Date Incorporated or Qualified: **07/07/1994**  
 3a. Date of Last Report: **03/30/1995**  
 4. FET Number: **APPLIED FOR 620581389**  
 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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent:  
**VALDEZ-FAULI CORPORATE SERVICES INC  
 TWO S BISCAYNE BLVD  
 ONE BISCAYNE TOWER SUITE 3400  
 MIAMI FL 33131-1897**

10. Name and Address of New Registered Agent (81-85):  
 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 typed or printed name of registered agent and the date) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS

|                 |   |  |                                 |
|-----------------|---|--|---------------------------------|
| TITLE           | D | MANDEL, NICHOLAS S                     | <input type="checkbox"/> DELETE |
| NAME            |   | % VALDEZ-FAULI 2 S BISCAYNE BLVD #3400 |                                 |
| STREET ADDRESS  |   | MIAMI FL 33131                         |                                 |
| CITY - ST - ZIP |   |  |                                 |
| TITLE           | D | SIMON, EDUARDO                         | <input type="checkbox"/> DELETE |
| NAME            |   | % VALDEZ-FAULI 2 S BISCAYNE BLVD #3400 |                                 |
| STREET ADDRESS  |   | MIAMI FL 33131                         |                                 |
| CITY - ST - ZIP |   |  |                                 |
| TITLE           | D | SIMON, ADRIANA                         | <input type="checkbox"/> DELETE |
| NAME            |   | % VALDEZ-FAULI 2 S BISCAYNE BLVD #3400 |                                 |
| STREET ADDRESS  |   | MIAMI FL 33131                         |                                 |
| CITY - ST - ZIP |   |  |                                 |
| TITLE           | D | SIMON, LEONARDO                        | <input type="checkbox"/> DELETE |
| NAME            |   | % VALDEZ-FAULI 2 S BISCAYNE BLVD #3400 |                                 |
| STREET ADDRESS  |   | MIAMI FL 33131                         |                                 |
| CITY - ST - ZIP |   |  |                                 |
| TITLE           | D | SIMON, ANABEL                          | <input type="checkbox"/> DELETE |
| NAME            |   | % VALDEZ-FAULI 2 S BISCAYNE BLVD #3400 |                                 |
| STREET ADDRESS  |   | MIAMI FL 33131                         |                                 |
| CITY - ST - ZIP |   |  |                                 |
| TITLE           | D | SIMON, CARLOS E                        | <input type="checkbox"/> DELETE |
| NAME            |   | % VALDEZ-FAULI 2 S BISCAYNE BLVD #3400 |                                 |
| STREET ADDRESS  |   | MIAMI FL 33131                         |                                 |
| CITY - ST - ZIP |   |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |   |
| 13 STREET ADDRESS  |   |
| 14 CITY - ST - ZIP |   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |   |
| 23 STREET ADDRESS  |   |
| 24 CITY - ST - ZIP |   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |   |
| 33 STREET ADDRESS  |   |
| 34 CITY - ST - ZIP |   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |   |
| 43 STREET ADDRESS  |   |
| 44 CITY - ST - ZIP |   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |   |
| 53 STREET ADDRESS  |   |
| 54 CITY - ST - ZIP |   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |   |
| 63 STREET ADDRESS  |   |
| 64 CITY - ST - 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 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, and that I am duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: **Leonardo Simon** 04/14/96 (305) 3448323  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)