

5-2-97 B6180 C-
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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 33138-2227

3. Date Incorporated or Qualified **07/07/1994** 3a. Date of Last Report **06/19/1996**

4. FEI Number **65-0581389** 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 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

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

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

26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDEZ-FAULI CORPORATE SERVICES INC
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3400
MIAMI FL 33131-1897

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 _____ (NOTE: Registered agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation, its authorized officer or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4-25-97** (305) 692-8802

CR2E034 (9/96)