

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000052364 (4)**

1. Corporation Name
L & A NORTHEAST PROPERTIES, INC.



Principal Place of Business
**14411 NW 13TH RD
MIAMI FL**

Mailing Address
**14411 NW 13TH RD
MIAMI FL**

3. Date Incorporated or Qualified 07/14/1994	3a. Date of Last Report 04/28/1995
4. FEIN Number 65-0515911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Zip	29. Zip
Country	Country

9. Name and Address of Current Registered Agent

**FEINBERG, JEFFREY
4651 SHERIDAN ST SUITE 300
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0602 and 607.1505, 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 607.0605, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY, ST, ZIP		14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	21. NAME	
NAME		22. STREET ADDRESS	
STREET ADDRESS		23. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		31. TITLE	
TITLE	<input type="checkbox"/> DELETE	32. NAME	
NAME		33. STREET ADDRESS	
STREET ADDRESS		34. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		41. TITLE	
TITLE	<input type="checkbox"/> DELETE	42. NAME	
NAME		43. STREET ADDRESS	
STREET ADDRESS		44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		51. TITLE	
TITLE	<input type="checkbox"/> DELETE	52. NAME	
NAME		53. STREET ADDRESS	
STREET ADDRESS		54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, ST, ZIP		61. TITLE	
TITLE	<input type="checkbox"/> DELETE	62. NAME	
NAME		63. STREET ADDRESS	
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 119.073(4), Florida Statutes. I further certify that the information provided on this report is for the preparation of an annual report, but will not create an individual's 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 in changed, or deleted, or added with an address.

SIGNATURE: **Anthony Wright** 3/23/96 805-688-0582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)