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Apr 21 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 # 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 33167-1110

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/14/1994	3a. Date of Last Report 03/29/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0515911	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
FEINBERG, JEFFREY 4651 SHERIDAN ST SUITE 300 HOLLYWOOD FL 33021		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	FL	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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NEMBARD, LURLINE	1.2	NAME
STREET ADDRESS	14411 NW 13TH RD	1.3	STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1.4	CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WRIGHT, ANTHONY	2.2	NAME
STREET ADDRESS	14411 NW 13TH RD	2.3	STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	2.4	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY-ST-ZIP		6.4	CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for 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.

SIGNATURE: **LURLINE NEMBARD** *Lurline Nembard 650515911*

CR2E034 (9/96)