

FILE NOW: FILING FEE AFTER MAY 1 IS \$100

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Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra L. ...
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000015045 (4)

1. Corporation Name
LEHMANN LAND DEVELOPMENT, INC.



Principal Place of Business
6500 COLLINS AVE.
SUITE 1203
MIAMI BEACH FL 33140

Mailing Address
5500 COLLINS AVE.
SUITE 1203
MIAMI BEACH FL 33140-2501

3. Date Incorporated or Qualified: 02/22/1995
3a. Date of Last Report: 04/19/1996
4. FEI Number: 65-0565767
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

9. Name and Address of Current Registered Agent
HUDSON, ROBERT F JR.
701 BRICKELL AVE.
SUITE 1800
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: Manfred R. Lehmann
82 Street Address (P.O. Box Number is Not Acceptable): 5500 COLLINS AVE. SUITE 1203
83 City: Miami Beach FL
84 Zip Code: 33140

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 607.0504, Florida Statutes.
SIGNATURE: *Sarah Anne Lehmann* *Manfred R. Lehmann* 1/16/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE: D
NAME: LEHMANN, MANFRED R
STREET ADDRESS: 5500 COLLINS AVE., SUITE 1203
CITY-ST-ZIP: MIAMI BEACH FL 33140
TITLE: D
NAME: LEHMANN, SARA ANNE
STREET ADDRESS: 5500 COLLINS AVE., SUITE 1203
CITY-ST-ZIP: MIAMI BEACH FL 33140

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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 exemption stated in Section 118.07(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: *Sarah Anne Lehmann* 1/16/97 (305) 8660194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)