

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90012 017 \*\*\*158.75

**DOCUMENT #** P95000020362 (6) ✓

1. Corporation Name

LEF/Delray Mall, Inc.

Principal Place of Business

Mailing Address

848 Brickell Ave.  
Suite 1120  
Miami, FL 33131

One Greenway Plaza  
Suite #850  
Houston, TX 77046-0197

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/10/1995

4. FEI Number  
65-0585895

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 2601 S. Bayshore Drive

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.  
#300-A

27 Suite, Apt. #, etc.

23 City & State  
Miami, FL

28 City & State

24 Zip 33133-5417 25 Country USA

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Friedman, David A.  
848 Brickell Avenue, Suite 1120  
Miami, FL 33131  
(see new address at right)

81 Name David A. Friedman

82 Street Address (P.O. Box Number is Not Acceptable)  
2601 S. Bayshore Drive

83 Suite 300-A

84 City Miami

85 Zip Code FL 33133-5417

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS Friedman, Leonard E  
CITY-ST-ZIP 848 Brickell Ave., Suite 1120  
Miami, FL 33131

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2601 S. Bayshore Drive, Suite 300-A  
1.4 CITY-ST-ZIP Miami, FL 33133

TITLE ☐ DELETE  
NAME DVT  
STREET ADDRESS Friedman, David A.  
CITY-ST-ZIP 848 Brickell Avenue, Suite 1120  
Miami, FL 33131

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME DV  
2.3 STREET ADDRESS 2601 S. Bayshore Drive, Suite 300-A  
2.4 CITY-ST-ZIP Miami, FL 33133

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS Ray, Sandra E.  
CITY-ST-ZIP One Greenway Plaza, Suite 850  
Houston, TX 77046-0102

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME SV  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS Swinke, David L.  
CITY-ST-ZIP One Greenway Plaza, Suite 850  
Houston, TX 77046-0102

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME VT  
5.3 STREET ADDRESS Thibaut, Howard W.  
5.4 CITY-ST-ZIP One Greenway Plaza, Suite 850  
Houston, TX 77046-0102

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

713-850-1850

Daytime Phone #

CR2E034 (1/98)