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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP

MIAMI FL

appears in Block 12 or Block 13 if changed, or on ag



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000033254 (0)

LENNAR MORTGAGE HOLDINGS I, INC.

Principal Place of Business Marting Address Town W. 107 AVENUE MAME R. 23172-9161			······································												
### Application of Least Report Principal Place of Business 2a, Mailing Address	Principal Place of Business Mailing Address										(\$56(186(110 1970) \$1(1) \$21(1) \$21(1) \$2(10 1)(10 1)(10 1)(10 1)(10 1)(10 1)				
Principal Place of Business 2a. Mailing Address 4. FET Number 56-0580557 Not Applied for 25 Suite, April. vi. etc. 25 Suite, April. vi. etc. 25 Suite, April. vi. etc. 26 Suite, April. vi. etc. 27 Suite, April. vi. etc. 28 Suite, April. vi. etc.	199 10111 101 111011														
Sulfie, Apt. 4, etc.										3.		lified			Report
Suitc. Apt #, etc. 27 Crty & State 27 Crty & State 28 29 20 20 20 20 20 20 30 Country 40 Exp. Country 20 20 20 20 20 30 Country 40 Exp. Exp. Exp. Exp. Exp. Exp. Exp. Exp.	2. Principal P	lace of Busin	ess	26	2a. Mailing Address					4.			<u></u>	A	oplied For
27	21			26	26						65-0580557			No	ot Applicable
City & State City & State	—		Suite, Apl. #, etc.					5.	. Certificate of Status Desire	ed					
Trust Fund Contribution Added to Fees	22	27													
20	⊢ `		11. 1 · · · · · · · · · · · · · · · · ·					6.		ing					
28						 Inlnz				Ca					
Solution Section Sec	—	- -					21 nt y		8.						
MATSKY, MORRIS J 700 N.W. 107 AVENUE MIAMI FL 33172	[24]				· ·			τ		10.					AFT. A
TOO NW. 107 AVENUE FEB Strict Address (P.O. Box Number is Not Acceptable) Feb Strict Address Feb Strict Addre	WA'	TSKY, MOR	RIS J					61	Name					CONTRACTOR CONTRACTOR	
MIAMI FL 33172 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Tlorida Stations, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds Such change was authorized by the corporation's board of directors. I hereby accept the exponentment as registered office or registered agent, or both, in the State of Fonds State of Fonds Stature. SIGNATURE Total Total								92	Street A	ddroes (f	P.O. Boy Number in Not Acc	contabl	(0)		
STREET ADDRESS CTITY-ST-ZIP MAMI FL 33172 CHARGE DELETE CHARGE STREET ADDRESS CTITY-ST-ZIP MAMI FL 33172 CHARGE CTITY-ST-ZIP MAMI FL 33172 CTITE CHARGE CTITY-ST-ZIP MAMI FL 33172 CTITE C								62	SHOOLA	ij eesinoo	F.O. DOX NUMBER IS NOT ACK	ceptaoi	10)		
THE DOORS OTTO A VENUE STREET ADDRESS TOO N.W. 107 A VENUE MAME FL 33172								83							
11. Pursuent to the provisions of Sections 607.05.02 and 607.15.06. Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607.65.05. Florida Statutes. SIGNATURE The								B4	City					os Zin	Codo
office or registered agent, or both, in the State of Fronta's Succion 607 605, Florida's Statulors SIGNATURE 12.								57	City				FL	- 00 210	Code
SIGNATURE Signature typed or point name or regulated apprit signature registed Apprit signat	11. Pursuant office or r	to the provisi egistered ag	ons of Sections 60 ent, or both, in the	7.0502 and State of Flo	607.1508, Flo rida, Such clu	rida Štatute: ange was au	s, the a	bove d by	e-named of the corpo	corporation's	on submits this statement fo board of directors. I hereby	r the pracep	urpose o	if changing i pointment as	ts registered registered
12		ım familiar wi	in, and accept the	obligations	or, Section 60	17.0505, Fior	ida Sta	lules	3.						
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Signature, typed	or profed name of register	ned agent and to	re dispute able	(NOTE:	Recustore	d Age	at signature re	equired who	n reinstating)		DATE		
NAME MILLER, LEONARD 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP MIAMI FL 33172 1.4 CITY-ST-ZIP 1.4 CITY-	12.								-			OFFIC	ERS ANI	D DIRECTOR	RS IN 12
STREET ADDRESS TOO N.W. 107 AVENUE 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP	TITLE	_				DELETE	1.1 T	ITLE						Change	Addition
THE D	NAME						1.2 N	AME							
TITLE				1.3			1.3 S	TRELL	ADDRESS						
NAME BOLOTIN, IRVING 22 NAME 23 SIRET ADDRESS 700 N.W. 107 AVENUE 24 CITY-ST-ZIP	CITY-ST-ZIP	MIAMI FL	. 33172			·	1.4 0	ITY-S	T - ZIP						
STREET ADDRESS 700 N.W. 107 AVENUE	TITLE	-				DELETE	2.11	ITLE						Change	Addition
TITLE D	NAME				2.2			AME							
TITLE	STREET ADDRESS			2			238	JREFT	ADDRESS						
NAME COLE, ROBERT B 32 NAME 33 STREET ADDRESS 700 N.W. 107 AVENUE 33 STREET ADDRESS 6ITY-ST-ZIP MIAMI FL 33172 34 CITY-SI-ZIP					·-··				ST-7IP						
STREET ADDRESS TOO N.W. 107 AVENUE 3.3 STREET ADDRESS MIAMI FL 33172 34 CITY-ST-ZIP TITLE	1	-	ANCOT C		L	DECETE								LJ Charige	☐ Addition
MIAMI FL 33172															
TITLE	141414 61 00470														
NAME PEKOR, ALLAN J	******		. 331/2			DELETE.			S1-ZIP					Chasa	A JURIO -
TOO N.W. 107 AVENUE	_	•	ALLANI I		LJ	VILLIE	1							Unange	
MIAMI FL 33172															
TITLE D DELETE 5.1 HT/E Change Addition NAME MILLER, STUART A 5.2 NAME															
NAME MILLER, STUART A 5.2 NAME STREET ADDRESS 700 N.W. 107 AVENUE 5.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 5.4 CITY-ST-ZIP TITLE AS DELETE 6.1 TITLE Change Addition NAME SANTAELLA, GRACE 6.2 NAME AME AME AME AME			. 001/2			DECETE	~		1-20					Change	Addition
STREET ADDRESS TOO N.W. 107 AVENUE 5.3 STREET ADDRESS		_	A TOALITS		ا	perit	ł							L Unange	TTI MORROOM
CITY-ST-ZIP MIAMI FL 33172 5.4 CITY-ST-ZIF TITLE AS DELETE 6.1 TITLE NAME SANTAELLA, GRACE 62 NAME							•		IDDDCCC						
TITLE AS DELETTE 6.1 TITLE Change Addition NAME SANTAELLA, GRACE 6.2 NAME 6.2 NAME Change Addition															
NAME SANTAELLA, GRACE 62 NAME			. 93116			DELETE			1 - ZIF					Change	Addition
	ľ		IA GRACE		L	DELLIT								ondige	L. AOUROUT
STREET ADDRESS 700 N.W.107 AVE 6.3 STREET ADDRESS	STREET ADDRESS								AUUDEcc						

6.3 STREET ADDRESS

6.4 CHY-ST-7/P

14. I do hereby certify that the information supplied with this filling 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

FILED

Apr 23 1997 8:00am

Secretary of State

- - INDERIOR DE LEGIO CONTRA DELLE CONTRA DE LEGIO DE LE