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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000035575 (6)

LENNAR MSW-II HOLDINGS, INC.

Principal Place of Business	Mailing Address				
700 N.W. 107TH AVENUE Miami Fl 33172	700 N.W. 107TH AVENUE MIAMI FL 33172-3161				

FILED Apr 23 1997 8:00am Secretary of State



MIAMI FL 3317		MIAMI FL 33172-3161							
					3. Date Incorporated or Qualified 05/05/1995	3a. Date of Last Report 05/01/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For	
21		26]			65-0582393			lot Applicable	
Suite, Apt. #, etc. Suite, Apt. 27		Suite, Apt. #, etc.	#, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	7ip 29	Country 30	,	, 10/10/10/10/10/10/	🔀 Yes 🔲 No			
	9, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered A	gent		
WA'	tsky, morris j		81	Name					
	N.W. 107TH AVENUE		82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)			
MIA	MI FL 33172								
			83						
			84	Cily			85 Zip	Code	
		100 100 100 11 21 0			the state of the s	FL	I. I	ita radialarad	
office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob-	502 and 607.1508, Florida Stati ale of Florida. Such change was ligations of, Section 607.0505, F	.nes, the abov authorized by Torida Statute	e-named cor the corpora s.	poration submits this statement for the pation's board of directors. I hereby accept	orpose of of the appo	ointment as	s registered	
SIGNATURE						DATE			
	Signature, typed or profed name of registered	agent and tife if applicable (NC AND DIRECTORS	Tit: Registered Age	ant signature requ	and when ministaling) ADDITIONS/CHANGES TO OFFICE		DIBECTO	RS IN 12	
12.	OFFICE NO.	DELETE	1.1 With		ADDITIONS/CHANGES TO OFFICE	LING AIND	Change		
NAME	MILLER, LEONARD		1.2 NAME						
STREET ADDRESS	700 N.W. 107TH AVE.		1.3 STREET	ADDIRESS					
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY - 5						
TITLE	D	DELETE	2.1 HILE				Change	Addition	
NAME	BOLOTIN, IRVING		2 2 NAME						
STREET ADDRESS	700 N.W. 107TH AVE.		2.3 STREE	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33172		2. 4 CITY-	ST-ZIP					
TITLE	D	DELFTE	3.1 Trilf		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Change	Addition	
NAME	COLE, ROBERT B		3.2 NAME						
STREET ADDRESS	700 N.W. 107TH AVE.		3.3 STREE	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33172		3.4. CITY-	S1 - 7/P					
TITLE	D	DELETE	4 1 1 TLF				Change	Addition	
NAME	PEKOR, ALLAN J		4.2 NAME						
STREET ADDRESS	700 N.W. 107TH AVE.		4.3 STREE	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33172		4.4 CITY - :	S1 - ZIP				F 1	
TITLE	D	☐ DELETE	5.1 TITLE				Change	Addition	
NAME	MILLER, STUART A		5.2 NAME						
STREET ADDRESS	700 N.W. 107TH AVE.			T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33172	Printe	5.4 CITY - 1	ST-ZIP			Change	Addition	
TITLE	AS MATHERN F	DELETE	6.1 TITLE				☐ Criange	LJ AUGINON	
NAME	SIERRA, KATHLEEN E.		6.2 NAME						
STREET ADDRESS	700 NW 107 AVE			I ADDRESS					
CITY-ST-ZIP	MAMIFL		6.4 CHY-	S1 - 7(P					

14. I do 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 angual report or supplemental agrual 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 disporation or the received or hustor empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Kalhloon & Siecra 1-12-97 (205) 279-10400