


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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000045956 (6)

1. Corporation Name

LENNAR MAYFAIR HOLDINGS, INC.

Principal Place of Business

760
700 N.W. 107TH AVENUE
MIAMI FL 33172

Mailing Address

760
700 N.W. 107TH AVENUE
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/14/1995 4. FEI Number 65-0596506 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent WATSKY, MORRIS J 700 N.W. 107TH AVENUE MIAMI FL 33172		10. Name and Address of New Registered Agent 81 Name Rubin, Shelly VP. Finance 82 Street Address (P.O. Box Number is Not Acceptable) 760 NW 107 AVE 83 84 City Miami FL 85 Zip Code 33172	
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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 *Shelly Rubin* *Shelly Rubin* 3/30/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>MILLER, LEONARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 N.W. 107TH AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>BOLOTIN, IRVING</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 N.W. 107TH AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>COLE, ROBERT B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 N.W. 107TH AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>PEKOR, ALLAN J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 N.W. 107TH AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>MILLER, STUART A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 N.W. 107TH AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33172</td> <td></td> </tr> <tr> <td>TITLE</td> <td>AS</td> <td>DELETE</td> </tr> <tr> <td>NAME</td> <td>SANTAELLA, GRACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>700 N.W. 107TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL</td> <td></td> </tr> </table>		TITLE	D	DELETE	NAME	MILLER, LEONARD		STREET ADDRESS	700 N.W. 107TH AVE.		CITY-ST-ZIP	MIAMI FL 33172		TITLE	D	DELETE	NAME	BOLOTIN, IRVING		STREET ADDRESS	700 N.W. 107TH AVE.		CITY-ST-ZIP	MIAMI FL 33172		TITLE	D	DELETE	NAME	COLE, ROBERT B		STREET ADDRESS	700 N.W. 107TH AVE.		CITY-ST-ZIP	MIAMI FL 33172		TITLE	D	DELETE	NAME	PEKOR, ALLAN J		STREET ADDRESS	700 N.W. 107TH AVE.		CITY-ST-ZIP	MIAMI FL 33172		TITLE	D	DELETE	NAME	MILLER, STUART A		STREET ADDRESS	700 N.W. 107TH AVE.		CITY-ST-ZIP	MIAMI FL 33172		TITLE	AS	DELETE	NAME	SANTAELLA, GRACE		STREET ADDRESS	700 N.W. 107TH AVE		CITY-ST-ZIP	MIAMI FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>Rubin, Shelly</td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>760 NW 107 AVE</td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>MIAMI FL 33172</td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td>McMickle, J.T.</td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td>760 N.W. 107 AVE</td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td>MIAMI FL 33172</td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td>Jordan, Margaret</td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td>760 NW 107 AVE</td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td>MIAMI FL 33172</td> </tr> <tr> <td>5.1 TITLE</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td>DC</td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td>SAiontz, Steven J.</td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td>760 NW 107 AVE</td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td>MIAMI FL 33172</td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME	Rubin, Shelly	2.3 STREET ADDRESS	760 NW 107 AVE	2.4 CITY-ST-ZIP	MIAMI FL 33172	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.2 NAME	McMickle, J.T.	3.3 STREET ADDRESS	760 N.W. 107 AVE	3.4 CITY-ST-ZIP	MIAMI FL 33172	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.2 NAME	Jordan, Margaret	4.3 STREET ADDRESS	760 NW 107 AVE	4.4 CITY-ST-ZIP	MIAMI FL 33172	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME	DC	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.2 NAME	SAiontz, Steven J.	6.3 STREET ADDRESS	760 NW 107 AVE	6.4 CITY-ST-ZIP	MIAMI FL 33172
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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.

SIGNATURE *A T h m* *J T McMickle 3/30/98 25/105-200*

CR2E034 (10/97)