

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000071164 (4)**

1. Corporation Name
L.A.H. ADVISORS, INC.



Principal Place of Business: **1101 BRICKELL AVE SUITE 1400 MIAMI FL 33131**
Mailing Address: **1101 BRICKELL AVE SUITE 1400 MIAMI FL 33131**

3. Date Incorporated or Qualified: **09/13/1995**
3a. Date of Last Report: **09/13/1995**
4. FEI Number: **65-0634094**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **1080 MARINER DRIVE**
2a. Mailing Address: **1080 MARINER DRIVE**
21. Suite, Apt. #, etc.: **MIAMI BEACH, FL**
22. City & State: **MIAMI BEACH, FL**
23. Zip: **33149** Country: **USA**
24. Zip: **33149** Country: **USA**

9. Name and Address of Current Registered Agent:
**BLOOM, LEONARD H
1101 BRICKELL AVE
SUITE 1400
MIAMI FL 33131**

10. Name and Address of New Registered Agent:
81. Name: **LAWRENCE HANABERGH**
82. Street Address (P.O. Box Number is Not Acceptable): **1080 MARINER DRIVE**
83. City: **MIAMI BEACH** State: **FL** Zip Code: **33149**

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]* (Lawrence Hanaberg) DATE: **MARCH 5, 1996**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMBERGH, LAWRENCE A	
STREET ADDRESS	505 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HANABERGH, LAWRENCE A	
1.3 STREET ADDRESS	505 Park Ave.	
1.4 CITY-ST-ZIP	New York, N.Y. 10022	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **MARCH 7, 1996** (305) 355 9073

CR2E034 (12/95)