


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
DOCUMENT # P95000096646 (1) 1. Corporation Name LNR SHELF I, 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 12/21/1995	
Country 25		Country 30		4. FEI Number 65-0657423 Applied For <input type="checkbox"/> 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	

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 (O. Box Number is Not Acceptable) 760 N W 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 for 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, LEONARD			1.2 NAME			
STREET ADDRESS	700 N.W. 107TH AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOLOTIN, IRVING			2.2 NAME	Rubin, Shelly		
STREET ADDRESS	700 N.W. 107TH AVENUE			2.3 STREET ADDRESS	760 NW 107 AVE		
CITY-ST-ZIP	MIAMI FL 33172			2.4 CITY-ST-ZIP	MIAMI FL 33172		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLE, ROBERT B			3.2 NAME	JORDAN, Margaret		
STREET ADDRESS	700 N.W. 107TH AVENUE			3.3 STREET ADDRESS	760 NW 107 AVE		
CITY-ST-ZIP	MIAMI FL 33172			3.4 CITY-ST-ZIP	MIAMI FL 33172		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PEKOR, ALLAN J			4.2 NAME	Krasnoff, Jeffrey P.		
STREET ADDRESS	700 N.W. 107TH AVENUE			4.3 STREET ADDRESS	760 NW 107 AVE		
CITY-ST-ZIP	MIAMI FL 33172			4.4 CITY-ST-ZIP	MIAMI FL 33172		
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, STUART A			5.2 NAME			
STREET ADDRESS	700 N.W. 107TH AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33172			5.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SIERRA, KATHLEEN E.			6.2 NAME	McMickle J.T.		
STREET ADDRESS	700 N.W. 107TH AVENUE			6.3 STREET ADDRESS	760 NW 107 AVE		
CITY-ST-ZIP	MIAMI FL			6.4 CITY-ST-ZIP	MIAMI FL 33172		

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: *J.T. McMickle* **J.T. McMickle** **3/25/98** **305/485-2000**

CR2E034 (10/97)