


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000023385 (3)</b>		
1. Corporation Name <b>GMN-LANDFAIR, INC.</b>		
Principal Place of Business <b>1460 BRICKELL AVENUE SUITE 309 MIAMI FL 33131</b>	Mailing Address <b>1460 BRICKELL AVENUE SUITE 309 MIAMI FL 33131</b>	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country		3. Date Incorporated or Qualified <b>03/15/1996</b>	3a. Date of Last Report
				4. FEI Number <b>65-0721111</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WASHINGTON, LYNN C 701 BRICKELL AVENUE SUITE 3100 MIAMI FL 33131</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 85 Zip Code

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>D</b>	<b>DOMINQUEZ, AGUSTIN</b>	<b>1460 BRICKELL AVENUE, SUITE 309 MIAMI FL 33131</b>				
	<b>D</b>	<b>ANDERSON, EUGENIA</b>	<b>1460 BRICKELL AVENUE, SUITE 309 MIAMI FL 33131</b>				
	<b>D</b>	<b>SIBLEY, RUSSELL</b>	<b>1460 BRICKELL AVENUE, SUITE 309 MIAMI FL 33131</b>				
	<b>D</b>	<b>WOLFSON, LOUIS</b>	<b>1460 BRICKELL AVENUE, SUITE 309 MIAMI FL 33131</b>				
	<b>D</b>	<b>WOLFSON, LOUIS III</b>	<b>1460 BRICKELL AVENUE, SUITE 309 MIAMI FL 33131</b>				

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 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: *[Signature]*

*comptroller 2/29/97 305 374-5503*

CR2E034 (4/97)