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Mar 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000061872 (3)

1. Corporation Name  
L.H.F., INC.



Principal Place of Business: 2121 PONCE DE LEON BLVD. PENTHOUSE CORAL GABLES FL 33134  
Mailing Address: 2121 PONCE DE LEON BLVD. PENTHOUSE CORAL GABLES FL 33134-5224

3. Date Incorporated or Qualified: 07/24/1996  
3a. Date of Last Report  
4. FEI Number: 65-0712579  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
MARCUS, STEWART  
2121 PONCE DE LEON BLVD. PENTHOUSE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
81 Name: BOGGIO, LLOYD  
82 Street Address (P.O. Box Number is Not Acceptable): 2121 PONCE DE LEON BLVD PENTHOUSE  
83  
84 City: CORAL GABLES FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0702 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] DATE: 03/07/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                                    |        |
|----------------|------------------------------------|--------|
| TITLE          | D                                  | DELETE |
| NAME           | MARCUS, STEWART                    |        |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD. PENTHOUSE |        |
| CITY-ST-ZIP    | CORAL GABLES FL 33134              |        |
| TITLE          |                                    | DELETE |
| NAME           |                                    |        |
| STREET ADDRESS |                                    |        |
| CITY-ST-ZIP    |                                    |        |
| TITLE          |                                    | DELETE |
| NAME           |                                    |        |
| STREET ADDRESS |                                    |        |
| CITY-ST-ZIP    |                                    |        |
| TITLE          |                                    | DELETE |
| NAME           |                                    |        |
| STREET ADDRESS |                                    |        |
| CITY-ST-ZIP    |                                    |        |
| TITLE          |                                    | DELETE |
| NAME           |                                    |        |
| STREET ADDRESS |                                    |        |
| CITY-ST-ZIP    |                                    |        |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |        |          |
|--------------------|--------|----------|
| 1.1 TITLE          | Change | Addition |
| 1.2 NAME           |        |          |
| 1.3 STREET ADDRESS |        |          |
| 1.4 CITY-ST-ZIP    |        |          |
| 2.1 TITLE          | Change | Addition |
| 2.2 NAME           |        |          |
| 2.3 STREET ADDRESS |        |          |
| 2.4 CITY-ST-ZIP    |        |          |
| 3.1 TITLE          | Change | Addition |
| 3.2 NAME           |        |          |
| 3.3 STREET ADDRESS |        |          |
| 3.4 CITY-ST-ZIP    |        |          |
| 4.1 TITLE          | Change | Addition |
| 4.2 NAME           |        |          |
| 4.3 STREET ADDRESS |        |          |
| 4.4 CITY-ST-ZIP    |        |          |
| 5.1 TITLE          | Change | Addition |
| 5.2 NAME           |        |          |
| 5.3 STREET ADDRESS |        |          |
| 5.4 CITY-ST-ZIP    |        |          |
| 6.1 TITLE          | Change | 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 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 supplement to 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] DATE: 03/07/97 (205) 441-1516  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2034 (9/96)