

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90246 026 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000023447

1. Corporation Name
LNVP HOLDINGS, INC.



Principal Place of Business: 760 NW 107 AVENUE MIAMI FL 33172
 Mailing Address: 760 NW 107 AVENUE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/10/1997	
22 Suite, Apt. #, etc. Suite 300		27 Suite, Apt. #, etc. Suite 300		4. FEI Number 65-0745508	
23 City & State		28 City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUBIN, SHELLY 760 NW 107 AVENUE MIAMI FL 33172				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) Suite 300			
				83			
				84 City			85 FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, LEONARD	1.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAIMI FL 33172	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBIN, SHERRY	2.2 NAME	Rubin, Shelly
STREET ADDRESS	760 NW 107TH AVE	2.3 STREET ADDRESS	Suite 300
CITY-ST-ZIP	MAIMI FL 33172	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRASNOFF, JEFFREY P	3.2 NAME	
STREET ADDRESS	760 NW 107TH AVE	3.3 STREET ADDRESS	Suite 300
CITY-ST-ZIP	MAIMI FL 33172	3.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMICKEL, J T	4.2 NAME	ARNETT, PETA-GAY
STREET ADDRESS	760 NW 107TH AVE	4.3 STREET ADDRESS	760 NW 107 AVE, Ste 300
CITY-ST-ZIP	MAIMI FL 33172	4.4 CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, STUART A	5.2 NAME	
STREET ADDRESS	700 N.W. 107TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAIMI FL 33172	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Jordan, Margaret
STREET ADDRESS		6.3 STREET ADDRESS	760 N W 107 AVE, Ste 300
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Margaret Jordan* SIGNATURE REMARGARET JORDAN, TREAS. 4/26/99 305 485 2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)