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 # **S31464** **(8)**

1. Corporation Name

LEGAL ASSETS, INC.

Principal Place of Business: ~~1110 BRICKELL AVE., PENTHOUSE MIAMI FL 33131~~

Mailing Address: ~~1110 BRICKELL AVE., PENTHOUSE MIAMI FL 33131~~

3. Date Incorporated or Qualified: 02/12/1991
3a. Date of Last Report: 01/27/1995
4. FEI Number: 65-0243714 [ ] 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 [X] No

2. Principal Place of Business
21 1401 BRICKELL AVENUE
22 Suite, Apt. #, etc. SUITE 700
23 City & State MIAMI, FLORIDA
24 Zip 33131 25 Country

2a. Mailing Address
26 1401 BRICKELL AVENUE
27 Suite, Apt. #, etc. SUITE 700
28 City & State MIAMI, FLORIDA
29 Zip 33131 30 Country

9. Name and Address of Current Registered Agent

~~HORNSBY, SACHER, ZELMAN & STANTON PA~~
~~1110 BRICKELL AVE~~
~~PENTHOUSE~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name HORNSBY, SACHER, ZELMAN, STANTON, PAUL & BEILEY, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVENUE
83 SUITE 700
84 City MIAMI FL 85 Zip Code 33131

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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	[ ] DELETE	1 TITLE	[X] Change [ ] Addition
NAME	ZELMAN, RICHARD M.		1 NAME	
STREET ADDRESS	~~1110 BRICKELL AVE, PH~~		1 STREET ADDRESS	1401 Brickell Avenue, Suite 700
CITY-ST-ZIP	~~MIAMI FL~~		1 CITY-ST-ZIP	Miami, Florida 33131
TITLE	DVP	[ ] DELETE	2 TITLE	[X] Change [ ] Addition
NAME	SACHER, BARTON S.		2 NAME	
STREET ADDRESS	~~1110 BRICKELL AVE, PH~~		2 STREET ADDRESS	1401 Brickell Avenue, Suite 700
CITY-ST-ZIP	~~MIAMI FL~~		2 CITY-ST-ZIP	Miami, Florida 33131
TITLE	DST	[ ] DELETE	3 TITLE	[X] Change [ ] Addition
NAME	STANTON, WALTER J., III		3 NAME	
STREET ADDRESS	~~1110 BRICKELL AVE, PH~~		3 STREET ADDRESS	1401 Brickell Avenue, Suite 700
CITY-ST-ZIP	~~MIAMI FL~~		3 CITY-ST-ZIP	Miami, Florida 33131
TITLE		[ ] DELETE	4 TITLE	[ ] Change [ ] Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5 TITLE	[ ] Change [ ] Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		[ ] DELETE	6 TITLE	[ ] Change [ ] Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 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 if changed, or on an attachment with an address.

SIGNATURE: B. Sacher 3/26/96 (305) 371-8797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARTON S. SACHER, Vice President

CR2E034 (12/95)