

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
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DOCUMENT # V39429 (8)
1. Corporation Name
LFH SUB I, INC.



Principal Place of Business Mailing Address
~~360 N.W. 107 AVENUE~~ ~~360 N.W. 107 AVENUE~~
MIAMI FL 33172 MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 760 NW 107 AVE Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 760 NW 107 AVE Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 05/28/1992	4. FEI Number 65-0335815	Applied For 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 NW 107 AVE
MIAMI FL 33172

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	Rubin, Shelly 760 NW 107 AVE Miami FL 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, 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 *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	NAME	1.1 TITLE
NAME	STREET ADDRESS	1.2 NAME
CITY-ST-ZIP	MIAMI FL	1.3 STREET ADDRESS
TITLE	NAME	1.4 CITY-ST-ZIP
NAME	STREET ADDRESS	2.1 TITLE
CITY-ST-ZIP	MIAMI FL	2.2 NAME
TITLE	NAME	2.3 STREET ADDRESS
NAME	STREET ADDRESS	2.4 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL	3.1 TITLE
TITLE	NAME	3.2 NAME
NAME	STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE
NAME	STREET ADDRESS	4.2 NAME
CITY-ST-ZIP	MIAMI FL	4.3 STREET ADDRESS
TITLE	NAME	4.4 CITY-ST-ZIP
NAME	STREET ADDRESS	5.1 TITLE
CITY-ST-ZIP	MIAMI FL	5.2 NAME
TITLE	NAME	5.3 STREET ADDRESS
NAME	STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL	6.1 TITLE
TITLE	NAME	6.2 NAME
NAME	STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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)