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Mar 06 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 # V57495

(6)

1. Corporation Name

LFP REAL ESTATE CORPORATION

Principal Place of Business

760 NW 107TH AVE  
SUITE 400  
MIAMI FL 33172

Mailing Address

760 NW 107TH AVE  
SUITE 400  
MIAMI FL 33172-3157



3. Date Incorporated or Qualified

08/14/1992

3a. Date of Last Report

05/03/1996

4. FEI Number

65-0399303

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

NEALON, THOMAS F  
760 NW 107 AVE.  
SUITE 400  
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

FL

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

TITLE DVP ☐ DELETE

NAME WILLIAM, JR., LEWIS M  
STREET ADDRESS 1585 BROADWAY 37TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10036

TITLE AS ☐ DELETE

NAME NEALON, III, THOMAS F  
STREET ADDRESS 760 NW 107TH AVENUE, SUITE 400  
CITY-ST-ZIP MIAMI FL 33172

TITLE DPST ☐ DELETE

NAME KRASNOFF, JEFFERY P  
STREET ADDRESS 700 NW 107 AVE. STE. 400  
CITY-ST-ZIP MIAMI FL 33172

TITLE VP ☐ DELETE

NAME LEVIN, DAVID  
STREET ADDRESS 760 NW 107 AVE S400  
CITY-ST-ZIP MIAMI FL 33172

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 VP ☐ Change ☒ Addition

1.2 NAME Thekla Blaser  
1.3 STREET ADDRESS 760 NW 107th Avenue, Suite 400  
1.4 CITY-ST-ZIP Miami, FL 33172

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 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 in an attachment with an address.

SIGNATURE: Thomas F. Nealon III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97

305-220-4300

Date: Daytime Phone:

CR2E034 (9/96)