

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 # K64941 (3)

1. Corporation Name
LAROC PROPERTIES, INC.



Principal Place of Business LOEB, BLOCK & WACKSMAN 505 PARK AVE. SUITE 900 NEW YORK NY 10022	Mailing Address LOEB, BLOCK & WACKSMAN 505 PARK AVE. SUITE 900 NEW YORK NY 10022
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21. SHAPO, FREEDMAN & BLOOM, Inc. Suite, Apt. #, etc. 22. 200 SOUTH BISCAYNE, STE. 4750 City & State 23. MIAMI, FLORIDA Zip 24. 33131	2a. Mailing Address 26. Loeb, Block & Partners LLP Suite, Apt. #, etc. 27. 505 Park Avenue 9th Floor City & State 28. New York, NY Zip 29. 10022
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3. Date Incorporated or Qualified 02/10/1989	4. FEI Number 65-0176167	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**BLOOM, LEONARD H.
1101 BRICKELL AVE, #1400
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name SOUTH FLORIDA RESIDENT AGENTS, INC.
82 Street Address (P.O. Box Number is Not Acceptable) First Union Financial Center Suite 4750, 200 South Biscayne Boulevard
83 City Miami
84 State 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: *Leonard H. Bloom* **LEONARD H. BLOOM, V/S** **4/15/98**

Signature, typed or printed name of registered agent and title, if applicable. (NONE) Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	SD
NAME	BLOOM, LEONARD H.	1.2 NAME	BLOOM, LEONARD H.
STREET ADDRESS	1101 BRICKELL AVE, #1400	1.3 STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 4750
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PD	2.1 TITLE	
NAME	WACKSMAN, LEONARD	2.2 NAME	
STREET ADDRESS	505 PARK AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Leonard H. Bloom* **Leonard H. Bloom, Secretary** **305 358-4460**

CF2E034 (10/97)