FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:03

DOCUMENT # **G46270** **(6)**

1. Corporation Name
NEIL LOEB, INC.

Principal Place of Business	Mailing Address
3659 BAYVIEW ROAD COCONUT GROVE FL 33133	3659 BAYVIEW ROAD COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 P. O. Box 234	26 1065 N.E. 125th St.
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27 Ste. 407
City & State 23 Snowmass, CO	City & State 28 North Miami, FL
Zip / Country 24 81654-0234 25 USA	Zip / Country 29 33161 30 USA

4. FEI Number: 59-2614213 ☐ 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

9. Name and Address of Current Registered Agent

LOEB, NEIL R
3659 BAYVIEW RD
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name: Raul O. Serrano, Jr., C.P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 1065 N.E. 125th Street
83: Ste. 407
84 City: North Miami, FL 85 Zip Code: 33161

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: Raul O. Serrano, Jr. C.P.A. DATE: May 1, 1995
(Signature & Typed or printed name of Registered Agent and Title, if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PD	11 TITLE	2500 E. Sopris Clk Rd Snowmass, CO 81654 ☒ Change ☐ Addition
12 NAME	LOEB, NEIL R	12 NAME	
13 STREET ADDRESS	3659 BAYVIEW RD	13 STREET ADDRESS	P. O. Box 234
14 CITY ST ZIP	COCONUT GROVE FL	14 CITY ST ZIP	Snowmass, CO 81654-0234
21 TITLE	SD	21 TITLE	2500 E. Sopris Clk. Rd Snowmass CO 81654 ☒ Change ☐ Addition
22 NAME	LOEB, ISABEL C	22 NAME	
23 STREET ADDRESS	3659 BAYVIEW RD	23 STREET ADDRESS	P. O. Box 234
24 CITY ST ZIP	COCONUT GROVE FL	24 CITY ST ZIP	Snowmass, CO 81654-0234
31 TITLE		31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY ST ZIP		34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY ST ZIP		44 CITY ST ZIP	
51 TITLE		51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 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)(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: Neil Loeb Pres 4/21/95 303 927-4047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

RETURN BY MAY 1

0134675 CP