FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K64941

(3)

Mailing Address

LAROC PROPERTIES, INC.

Principal Piace of Business

FILED Mar 17 1997 8:00am Secretary of State

A HOUSELLE DE D	LULIN DIA SI		

LOEB. BLOCK & WACKSMAN 505 PARK AVE. SUITE 900 NEW YORK NY 10022		LOEB, BLOCK & WACKSMAN 505 PARK AVE, SUITE 800 NEW YORK NY 10022-1108			3. Date Incorporated or Qualified 02/10/1989	3a. Date of Last Report 03/25/1996	
					1	Wich	
	lace of Business	2a. Mailing Address			4. FEI Number 65-0176167		Applied For
21	ш -1-	26		****	1010110700		Not Applicable
Suite Apt. 22	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.	****		5. Certificate of Status Desired		8.75 Additional Fee Required
City & Staf	to	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Ζφ 24	Country 25	7ıp 29	Country 30		8. This corporation has liability for i Florida Statutes	ntangible tax	
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Re	gistered Age	ent
	OOM, LEONARD H.		81	Name			
	01 BRICKELL AVE, #1400 AMI FL 33131		82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	,
****			83		,	*******	
			84	City		FL	35 Zip Code
office or	registered agent, or both, in the Stamma our registered agent, or both, in the Stam famil ar with, and accept the ob-	ate of Florida. Such change was oligations of, Section 607.0505, F	authorized by lorida Statutes	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep ared when reinstating)	of the appoin	tment as registered
12.		AND DIRECTORS	13.	ill agradore requ	ADDITIONS/CHANGES TO OFFICE		RECTORS IN 12
TITLE	SD	DELETE	1.1 TITLE		7,000,000,000,000,000,000		Change Addition
NAM:	BLOOM, LEONARD H.		1.2 NAME				· • —
STREET ADDRESS	1101 BRICKELL AVE, #140	00	1.3 STREET	ADDRESS			
CrTy - S1 - ZIP	MIAMI FL		1.4 CITY-S	1			
11116	PD	DELETE	2.1 TITLE		AND THE PERSON NAMED OF TH		Change Addition
NAME	WACKSMAN, LEONARD		2.2 NAME				-
STREET ADDRESS	505 PARK AVENUE		2.3 STREET	ADDRESS			
CITY - S1 - ZiP	NEW YORK NY		2 4 CITY-	ST-ZIP			
TiT.F		DELETE	3 1 TITLE				Change
NAME			32 NAME				
STREET AUDRESS			3 3 STREET	ADDRESS			
CITY ST-ZIP			3.4. CITY-5	SY-ZIP			
THILF		☐ DELETE	41 TITLE				Change
NAME			4. 2 NAME				
STREET ADORESS			4.3 STREET	ADDRESS			
CITY ST ZIF			4.4 CiTY - S	T-ZIP	77.41		
FITLE	'	DELETE	5.1 TITLE				Change Addition
NAME			5.2 NAME				
STREET ADORESS			5.3 STREET	ADDRESS			
CHY-SI-ZIF			5.4 CITY - S	T- ZIP			
TITLE		☐ DELETE	6.1 TITLE			L	Change Addition
NAME			6.2 NAME				
STREET ADORESS			6.3 STREET	ADDRESS			
CITY+ST-ZIP			6.4 CITY - S	T-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 of Block 13 if changed, or on the capture of the corporation of the corporation with amaddress.

SIGNATURE: