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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

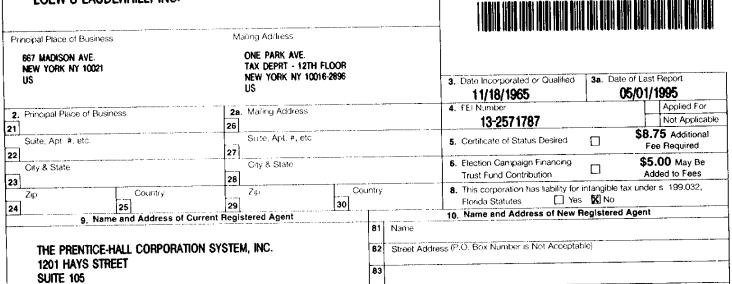
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LOEW'S LAUDERHILL, INC.

TALLAHASSEE FL 32301



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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

84 City

Signature System (produce particles are of operating a section of agreement and the characters and the characters are the characters and the characters are consistent and the characters are characters and the characters are charact			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
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AME	JACOBS, RICHARD		1.2 NAME				
REET ADDRESS	ONE PARK AVENUE		1.3 STHEET ADDRESS				
ITY - ST - ZIF	NEW YORK NY		1.4 CiTY - \$1 - ZiP	The Observation of Addition			
TLF	P	☐ DEFELE	2 1 TilliE	P/D R Change Addition			
AME	TISCH, JAMES S		2.2 NAME	James S. Tisch			
TREET ADDRESS	667 MADISON AVENUE		2.3 STREET ADDRESS	667 Madison Avenue			
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ITLE	VPD	DELETE	3 1 11111.6	Change Addition			
IAME	POSNER, ROY E		3.2 NAME				
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IAME	HIRSCH, BARRY		4.2 NAME	-05/06/9601028033			
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NAME	KENNY, JOHN		5.2 NAMÉ	. 0			
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TITLE	AT	☐ DELE1E	6 1 TITLE	S Change D Noon			
NAME	D'ALESSANDRO, DAVID		6.2 NAME				
STREET ADDRESS	ONE PARK AVENUE		63 STREET ADDRESS	\)			
A.T. 67 7/6	NEW YORK NY		6.4 City - ST - ZIP				

610TY-S1-ZIP NEW YORK NY

14. I do hereby 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 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 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 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 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 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 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 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 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 we have the same and on an attachment with an address. appears in Biock 12 or Block 13 if changed, o

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Kenny

(212) 545-2000

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Zip Code