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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 476158
1. Corporation Name
JOHN L. LOEB, JR. ASSOCIATES, INC.

(1)

**FILED** May 09 1997 8:00am Secretary of State



Principal Piac	fress									
375 PARK AVE 375 PARK AVE						·	·			
STE 801		STE 801								
NEW YORK N	NY 10152	NEW YORK N	Y 10152-0047							
US		US				3. Date Incorporated or Qualified 05/15/1975	3a. Da	te of Last R <b>/30/1996</b>	eport	
2. Principal P	Place of Business	2a. Mailing Add	iress			4. FEI Number		<b>V</b> Ar	oplied For	
11		26	26						ot Applicable	
Suite, Apt #, etc 2		η · · · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional equired	
City & Stat	le		City & State			6. Election Campaign Financing		\$5.00	May Be	
23]		28				Trust Fund Contribution		•	to Fees	
Zip	Country	Zip	C	ountry	<i>i</i>	8. This corporation has liability for	intangible	tax under s	199.032,	
24	25	29	30				] Yes [			
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered /	Agent		
OR	RĽANSKÝ, EDUÁRDO			81	Name					
110	01 BRICKELL AVENUE			82	Stroot Adds	ress (P.O. Box Number is Not Accepta	alo)			
MIAMI FL 33131				102	Street Addi	less (r.o. box Number is Not Accepta	Jio)			
				83					***************************************	
				84	City			<b>85</b> Zip	Code	
				1		poration submits this statement for the	FL			
office or r agent + a SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obt	ite of Florida. Such cha ligations of, Section 60	ange was authoriz 7.0505, Florida S	ted by tatute:	y the corporat s.	tion's board of directors. I hereby acce	pt the app	ointment as	registered	
	Signature, typed or printed name of registered i				ent signature requi	red when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	HILLED OFODOE W. M.		DELETE 1.1	TITLE				☐ Change	Additio	
MAME	MILLER, GEORGE W. III		1.2	NAME						
STREET ADDRESS	58 HUNTER LANE		1.3	STREET	ADDRESS	'				
CITY-ST-ZIP	DEVON PA			CITY - 9	ST-ZIP					
TITLE	\$		DELETE 2.1	TITLE				Change	Additio	
NAME	GINGOLD, JULIAN H		2.2	NAME	1					
STREET ADDRESS	PALLISER RO.		2.3	STREET	T ADDRESS					
CITY-\$1-7P	E IRVINGTON NY		2	4 CITY-	ST-ZIP					
THILE	P		DELETE 3.1	TIFLE				Change	Additio	
NAME	LOEB, JOHN L JR		. 32	NAME						
STREET ADDRESS	375 PARK AVE		3.3	STREET	T ADDRESS					
CITY-ST-7.P	NEW YORK NY		3.4	I. CITY-	ST-ZIP					
TITLE	D		DELETE 4.1	TITLE				☐ Change	Additio	
NAME	LOEB, JOHN L., JR.		14	2 NAME						
STREET ADDRESS	375 PARK AVE		43	STREE	T ADDRESS					
CHTY - ST - ZIF	NEW YORK NY			CITY-	- 1					
TITLE	1			TITLE				Change	Additio	
NAME			5.2	NAME						
STREET ADDRESS					T ADDRESS					
CHY-SI-ZIP				CITY-						
TILLE	<u> </u>			TITLE	91-EIF			Change	Additio	
NAMÉ		رب		NAME	1					
						·				
STREET ADDRESS					T ADORESS	No. 4				
City, St. 7iP	1		<b>■</b> 64	LCITY_	ST-7IP					

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 on an attachment with an address.

SIGNATURE: