

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

FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005383 (2)**

1. Corporation Name  
**NEW VALLEY CORPORATION**

Principal Place of Business <b>100 SE SECOND ST., 32DN FL MIAMI FL 33131</b>	Mailing Address <b>100 SE SECOND ST., 32DN FL MIAMI FL 33131</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/16/1996</b>		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>13-5482050</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

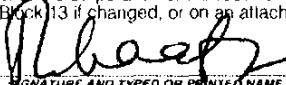
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code <b>FL</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CO	1.1 TITLE	<b>AS</b>
NAME	<b>LEBOW, BENNETT S</b>	1.2 NAME	<b>Kirkland, III, J. Bryant</b>
STREET ADDRESS	<b>100 SE SECOND ST., 32ND FL</b>	1.3 STREET ADDRESS	<b>100 SE Second St - 32nd Floor</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	<b>Miami FL 33131</b>
TITLE	PD	2.1 TITLE	
NAME	<b>LORBER, HOWARD M</b>	2.2 NAME	
STREET ADDRESS	<b>100 SE SECOND ST., 32ND FL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	<b>LAMPEN, RICHARD J</b>	3.2 NAME	
STREET ADDRESS	<b>100 SE SECOND ST., 32ND FL</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	
TITLE	VT	4.1 TITLE	
NAME	<b>LUNDGREN, RICHARD M</b>	4.2 NAME	
STREET ADDRESS	<b>100 SE SECOND ST., 32ND FL</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	
NAME	<b>BELL, MARC N</b>	5.2 NAME	
STREET ADDRESS	<b>100 SE SECOND ST., 32ND FL</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	5.4 CITY - ST - ZIP	
TITLE	AS	6.1 TITLE	
NAME	<b>BALOG, ANDREW E</b>	6.2 NAME	
STREET ADDRESS	<b>100 SE SECOND ST., 32ND FL</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	6.4 CITY - ST - 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Richard J. Lampen** 01-13-97 305-579-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)