


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004853

1. Corporation Name

Loews Miami Beach Hotel Owners' Association, Inc.

Principal Place of Business

Mailing Address

407 Lincoln Road, Suite 6-K, Miami Beach, FL 33139

3. Date Incorporated or Qualified

9/18/96

3a. Date of Last Report

None

4. FEI Number

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

2. Principal Place of Business

Miami Beach, Florida

2a. Mailing Address

Suite, Apt. #, etc

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

William A. Weber
201 S. Biscayne Boulevard
Suite 2500
Miami, Florida 33131 US

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President/Director	<input type="checkbox"/> DELETE
NAME	Jonathan M. Tisch	
STREET ADDRESS	667 Madison Avenue	
CITY-ST-ZIP	New York, NY 10021	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Jack S. Adler	
STREET ADDRESS	667 Madison Avenue	
CITY-ST-ZIP	New York, New York 10021	
TITLE	Vice President/Secretary	<input type="checkbox"/> DELETE
NAME	Gary W. Garson	
STREET ADDRESS	667 Madison Avenue	
CITY-ST-ZIP	New York, New York 10021	
TITLE	Treasurer/Director	<input type="checkbox"/> DELETE
NAME	John J. Kenny	
STREET ADDRESS	667 Madison Avenue	
CITY-ST-ZIP	New York, New York 10021	
TITLE	Vice President/Director	<input type="checkbox"/> DELETE
NAME	Eric Nesse	
STREET ADDRESS	407 Lincoln Road, Suite 6-K	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ERIC NESSE - Director

3/26/97 (305) 535-8079

Date

Daytime Phone #

CR2E037 (9/96)

4.2.97