


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004853 (5)**

1. Corporation Name

**LOEWS MIAMI BEACH HOTEL OWNERS' ASSOCIATION, INC**



Principal Place of Business <b>407 LINCOLN ROAD SUITE 6-K MIAMI BEACH FL 33139</b>	Mailing Address <b>407 LINCOLN ROAD SUITE 6-K MIAMI BEACH FL 33139</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <b>655 MADISON AVE</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b> <b>TAX DEPT. 5th FL</b>
City & State <b>23</b>	City & State <b>28</b> <b>NEW YORK NY</b>
Zip <b>24</b>	Zip <b>29</b> <b>10021-8043</b>
Country <b>25</b>	Country <b>30</b> <b>US</b>

3. Date Incorporated or Qualified <b>09/18/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>WEBER, WILLIAM A 201 BISCAYNE BOULEVARD SUITE 2500 MIAMI FL 33131</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TISCH, JONATHAN M</b>	1.2 NAME	
STREET ADDRESS	<b>667 MADISON AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10021</b>	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADLER, JACK S</b>	2.2 NAME	
STREET ADDRESS	<b>667 MADISON AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10021</b>	2.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARSON, GARY W</b>	3.2 NAME	
STREET ADDRESS	<b>667 MADISON AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10021</b>	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNY, JOHN J</b>	4.2 NAME	
STREET ADDRESS	<b>667 MADISON AVENUE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10021</b>	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NESSE, ERIC</b>	5.2 NAME	
STREET ADDRESS	<b>407 LINCOLN ROAD, SUITE 6-K</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *John J. Kenny*

*5/6/98*

CR2E037 (10/97)