

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90070 025 ****61.25

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1. Corporation Name

LOEWS MIAMI BEACH HOTEL OWNERS' ASSOCIATION, INC

Principal Place of Business

**407 LINCOLN ROAD
SUITE 6-K
MIAMI BEACH FL 33139**

Mailing Address

**655 MADISON AVE
TAX DEPT 5TH FL
NEW YORK NY 10021-043
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 655 Madison Avenue
Suite, Apt. #, etc.
27 Tax Dept./14th Flr.

28 City & State
New York, NY

29 Zip **30** Country
10021-8043 USA

3. Date Incorporated or Qualified

09/18/1996

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

**WEBER, WILLIAM A
201 BISCAYNE BOULEVARD
SUITE 2500
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name

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

83

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 ☐ DELETE

TITLE PD
NAME TISCH, JONATHAN M
STREET ADDRESS 667 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10021

TITLE VP
NAME ADLER, JACK S
STREET ADDRESS 667 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10021

TITLE VPS
NAME GARSON, GARY W
STREET ADDRESS 667 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10021

TITLE TD
NAME KENNY, JOHN J
STREET ADDRESS 667 MADISON AVENUE
CITY-ST-ZIP NEW YORK NY 10021

TITLE VPD
NAME NESSE, ERIC
STREET ADDRESS 407 LINCOLN ROAD, SUITE 6-K
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V/S ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE V/D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Kenny

John Kenny 7/1/99 212-521-2650

Date

Daytime Phone #

CR2E037-11/98