## N96000004853



ACCOUNT NO. : 072100000032

REFERENCE :

729318

COST LIMIT

ORDER DATE: June 13, 2000

ORDER TIME : 10:08 AM

ORDER NO. : 729318

CUSTOMER NO: 4341613

CUSTOMER: Carol Doktorski, Esq

Loews Corporation

667 Madison Avenue-8th Floor

New York, NY 10021

## CHANGE OF AGENT

NAME:

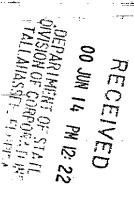
LOEWS MIAMI BEACH HOTEL OWNER'S ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

INICA STATE OF HIOSTAG		sistered office or registered agent, or both,	in
the State of Florida.			
1. The name of the corporation is:	Loews Miami Bea	ch Hotel Owners' Association, Inc.	
			•
2. The mailing address of the corpo	oration is: _ 667 Madis	son Avenue, New York, NY 10021-808	
3. Date of incorporation/qualificati	ion: 9/18/96	Document number:	
4. The name and address of the cur	rrent registered agent and	office:	
Weber, W	William A.		
201 Bisc	cayne Boulevard, Sui	Ite 2500 7 8	
Miami, F	FL 33131		
5. The name and address of the nev	· · · · · · · · · · · · · · · · · · ·	fice: (P. O. Box Not Acceptable)	<u>.</u>
Corporation Serv			1 ,
1201 Hays Street		FIST PARTY	J
Tallahassee, Flo	orida 32301		
	office and the street ad	dress of the business office of its registered	
Such change has authorized by resauthorized by the board.	solution duly adopted by	its board of directors or by an officer so	
	$\wedge$	June 9, 2000	
(Signature of an officer, chairman o	or vice chairman of the board)	(Date)	- 1 .7.12 7
Gary W. Garson, Secretar	737	•	1
(Printed or typed n			
Having been named as registered as corporation, I hereby accept the app further agree to comply with the properformance of my duties, and I am registered agenty	pointment as registerea a rovisions of all statutes v	gent and agree to act in this capacity.	
sy: Vicke Ochreube	٧٠.	June 13, 2000	
. (Signature of Registered A	Agent)	(Date)	
f signing on behalf of an entity:		·	
Vicki Schreiber		Assistant Vice President	
(Typed or Printed Name)		(Capacity)	/- 2 <del> 7</del> 2
(Typed or Printed Name)	* * * FILING FEE: \$3.	(Capacity)	