


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000004853	
1. Entity Name LOEWS MIAMI BEACH HOTEL OWNERS' ASSOCIATION, INC.	

Principal Place of Business 1601 COLLINS AVENUE MIAMI BEACH, FL 33139	Mailing Address 655 MADISON AVE TAX DEPT./ 14TH FLR NEW YORK, NY 10021-8043 US
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DO NOT WRITE IN THIS SPACE



04262004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD TISCH, JONATHAN M 667 MADISON AVENUE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ADLER, JACK S 667 MADISON AVENUE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS GARSON, GARY W 667 MADISON AVENUE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KENNY, JOHN J 667 MADISON AVENUE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, JORGE M 1700 CONVENTION CENTER DRIVE MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

05/03/04-80021-012 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	TREASURER JOHN KENNY	4/27/04 Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			