FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -7 AM 6:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34908** (4)

1. Corporation Name
LOEB U.S. PROPERTY CORPORATION

Principal Place of Business	Mailing Address
C/O AVANTI PROPERTIES GROUP 431 EAST HORATIO AVE., SUITE 210 MAITLAND FL 32751	C/O AVANTI PROPERTIES GROUP 431 EAST HORATIO AVE., SUITE 210 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1991
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip — 25 Country	29 Zip — 30 Country

4. FEI Number: 98-0080167 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1 1 TITLE	☐ Change ☐ Addition
NAME	LOEB, DONALD E.	1 2 NAME	
STREET ADDRESS	%22 ST. CLAIR AVE. EAST	1 3 STREET ADDRESS	
CITY ST ZIP	TORONTO,ONT.,CANADA	1 4 CITY ST ZIP	
TITLE	T	2 1 TITLE	☐ Change ☐ Addition
NAME	LOEB, DONALD E.	2 2 NAME	
STREET ADDRESS	%22 ST. CLAIR AVE. EAST	2 3 STREET ADDRESS	
CITY ST ZIP	TORONTO,ONT.,CANADA	2 4 CITY ST ZIP	
TITLE	VS	3 1 TITLE	☐ Change ☐ Addition
NAME	LOEB, LORRAINE FLORENCE	3 2 NAME	
STREET ADDRESS	%22 ST. CLAIR AVE. EAST	3 3 STREET ADDRESS	
CITY ST ZIP	TORONTO,ONT.,CANADA	3 4 CITY ST ZIP	
TITLE	V	4 1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, CHARLES	4 2 NAME	
STREET ADDRESS	%431 EAST HORATIO AVE.	4 3 STREET ADDRESS	
CITY ST ZIP	MAITLAND FL	4 4 CITY ST ZIP	
TITLE	V	5 1 TITLE	☐ Change ☐ Addition
NAME	ROSEN, DAWN	5 2 NAME	
STREET ADDRESS	%22 ST. CLAIR AVENUE EAS	5 3 STREET ADDRESS	
CITY ST ZIP	TORONTO,ONT.,CANADA	5 4 CITY ST ZIP	
TITLE	V	6 1 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, MARVIN M.	6 2 NAME	
STREET ADDRESS	%431 EAST HORATIO AVE.	6 3 STREET ADDRESS	
CITY ST ZIP	MAITLAND FL	6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles Schwartz Charles Schwartz, V.Pres. 4/3/95 407/628-8488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042810 CP