

**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

**FILED**  
95 JAN 25 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P92000002826 (5)**

1. Corporation Name  
**LANTANA PLAZA SHOPS, INC.**

Principal Place of Business      Mailing Address  
733 THIRD AVE., STE. 2400      733 THIRD AVE., STE. 2400  
NEW YORK NY 10017                  NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/06/1992**                                  **06/23/1994**

4. FEI Number      Applied For  
**13-3693365**                                  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

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

9. Name and Address of Current Registered Agent  
**B & C CORPORATE SERVICES, INC.**  
~~GOURTHOUSE CENTER~~      201 South Biscayne Blvd.  
~~475 NW FIRST AVE, SUITE 2000~~      Suite 3000  
~~MIAMI FL 33126-0965~~      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      85 Zip Code  
**FL**

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 607.0506, Florida Statutes.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when resigning)      DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LIECHTUNG, HERBERT
STREET ADDRESS	733 THIRD AVE.
CITY-ST-ZIP	NEW YORK NY 10017
TITLE	SD
NAME	JOHNSTON, JOHN J JR.
STREET ADDRESS	733 THIRD AVENUE
CITY-ST-ZIP	NEW YORK NY 10017
TITLE	V
NAME	RAPPOPORT, STANLEY
STREET ADDRESS	733 THIRD AVE.
CITY-ST-ZIP	NEW YORK NY 10017
TITLE	W
NAME	MARIN, MARK P
STREET ADDRESS	733 THIRD AVE
CITY-ST-ZIP	NEW YORK NY 10017
TITLE	T
NAME	FRANKEL, EDWIN R
STREET ADDRESS	733 THIRD AVE.
CITY-ST-ZIP	NEW YORK NY 10017
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	} Resigned
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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: *John J. Johnston, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
John J. Johnston, Jr., Secretary

January 13, 1995      (212) 370-8575