

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000070090 (4)

1. Corporation Name

PARK TOWERS PROPERTIES, INC.



Principal Place of Business

1101 BRICKELL AVENUE  
STE. 1400  
MIAMI FL 33131

Mailing Address

1101 BRICKELL AVENUE  
STE. 1400  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1993

4. FEI Number

65-0492059

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30

☐

Yes

☐

No

2. Principal Place of Business

21 SHAPO, FREEDMAN & BLOOM

Suite, Apt. #, etc.

22 200 SOUTH BISCAYNE, STE. 4750

City & State

23 MIAMI, FLORIDA

Zip

24 33131

Country

25

2a. Mailing Address

26 LOEB, BLOCK & PARTNERS, LLP

Suite, Apt. #, etc.

27 505 PARK AVENUE, 9th FLOOR

City & State

28 NEW YORK, NY

Zip

29 10022

Country

30

9. Name and Address of Current Registered Agent

BLOOM, LEONARD H  
1101 BRICKELL AVENUE  
STE. 1400  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 SOUTH FLORIDA RESIDENT AGENTS, INC.

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

200 SOUTH BISCAYNE BLVD., SUITE 4750

84

City

MIAMI

FL

85 Zip Code

33131

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

Signature, typed or printed name of registered agent and title if applicable

LEONARD H. BLOOM, v/s

(NOTE: Registered Agent signature required when reinstating)

4/15/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME BLOOM, LEONARD H  
STREET ADDRESS 1101 BRICKELL AVENUE STE. 1400  
CITY-ST-ZIP MIAMI FL 33131

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PSD  
12 NAME BLOOM, LEONARD H.  
13 STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 4750  
14 CITY-ST-ZIP MIAMI, FL 33131

☒ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

4/15/98 (305) 561-1111

CR2E034 (10/97)