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 JUN 21 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93 00000 83787

1. Corporation Name

H & L Boca Marina 67, Inc.

800001519508

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 12/8/93
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 c/o Robert B. Horowitz	26 c/o Douglas K. Bischoff
22 Suite, Apt. #, etc.: 51 East 42nd Street	27 Suite, Apt. #, etc.: 200 S. Biscayne Blvd, #5300
23 City & State: New York, NY	28 City & State: Miami, FL
24 Zip: 10017 / 25 Country: USA	29 Zip: 33131 / 30 Country: USA

4. FEI Number: 65-0489727 ☐ 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
c/o Douglas K. Bischoff 200 S. Biscayne Blvd., #5300 Miami, FL 33131	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	P/D	11 TITLE	☐ Change ☐ Addition
NAME	David Horowitz	12 NAME	
STREET ADDRESS	51 East 42nd Street	13 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10017	14 CITY-ST-ZIP	
TITLE	V/S/D	21 TITLE	☐ Change ☐ Addition
NAME	Robert B. Horowitz	22 NAME	
STREET ADDRESS	51 East 42nd Street	23 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10017	24 CITY-ST-ZIP	
TITLE	T/D	31 TITLE	☐ Change ☐ Addition
NAME	Jeffrey S. Horowitz	32 NAME	
STREET ADDRESS	51 East 42nd Street	33 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10017	34 CITY-ST-ZIP	
TITLE	AS/D	41 TITLE	☐ Change ☐ Addition
NAME	Richard T. Horowitz	42 NAME	
STREET ADDRESS	51 East 42nd Street	43 STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10017	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	T.S. 6/21/95
CITY-ST-ZIP		64 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: _____ 6-17-95 (212) 986-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #