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

**PROFIT CORPORATION ANNUAL REPORT** 1998



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000064746 (7)

LOEB INVESTMENTS, INC.

1	Principal Place of Business	Mailing Address
	770 CLAUGHTON ISLAND DR.	770 CLAUGHTON ISLAND DR.
	MIAMI FL 33185	APT. 813
	US 3/	MIAMI FL 33156
П		

**FILED** Apr 20 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	I 10 Bilobi din Foldi dilil devil dovil devil devil	Mahir Billin indhir dibin dhir iddi		
770 CLAUGHTON ISLAND DR. MIAM FL 33185 US	770 CLAUGHTON ISLAND D APT. 813 MIAMI FL 33166	OR.	DO NOT WRITE IN TH	IIS SPACE		
- 7	US 3/		3. Date Incorporated or Qualified			
			08/21/1995			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		65-0609788	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country	Zip	Country	8. This corporation owes or has paid the			
Zip Country  24 33/3/ 25 25 Source and Address of Curren		0	Personal Property Tax due June 30.	Yes No		
	* <u>*</u>	81 Name -	10. Name and Address of New Register	ed Agent		
CORPORATION SERVICE COMPAN	Υ		82 Street Address (P.O. Box Number is Not Acceptable)			
· 1201 HAYS STREET		82 Street Ad				
<ul> <li>TALLAHASSEE FL 32301-2525</li> </ul>		7	70 Claughton Is. D.	·		
		83				
		84 City M		L 85 Zip C93/		
11. Pursuant to the provisions of Sections 607.050 office or registered agent on both, in the State agent. I am familiar with, and accept the object.	. at Elarida. Cuab ekanaa wac au	the above-named co	propriation submits this statement for the purpos ration's board of directors. I hereby accept the	appointment as registered		
SIGNATURE Signature, typed or profiled name of repotered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE						
12. OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS			
TITLE <b>D</b>	DELETE	1.1 TITLE		Change		
NAME LOEB, EDWARD		1.2 NAME	- 1.1 <del>-</del>	Dr 4412		
STREET ADDRESS %-12071 S.W. 71ST STREET		13 STREET ADDRESS	770 Claughton Is. 33131			
CITY-ST-ZIP MIAMI FL 93150		1.4 CHY-ST-ZIP	33(3)			
TITLE D	☐ DELETE	2.1 TITLE		Change L Addition		
NAME LOEB, MELINDA		2.2 NAME	n/ / . 7	JI 6/3		
STREET ADDRESS %-12074 G.W. 716T-STREET	•	2.3 STREET ADDRESS	770 Claughto Is. Di 33,31	~ # 8/3		
CITY-ST-ZIP MIAMI FL 33150		2. 4 CITY+ST-ZIP	33/3/			
TITLE	☐ DELETE	3.1 TITLÉ		Change Addition		
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY- ST- ZIP				
TITLE	DELETE	4.1 TITLE		Change Addition		
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY - ST - ZIP				
TITLE .	DELETE	5.1 TITLE		Change Addition		
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	DELETE	6.1 TITLE		Change Addition		
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6 4 CiTY-ST-ZiP				

14. Thereby 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 armual 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or or an altabalinent with an address.