

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

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Jun 17 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000094222  
1. Corporation Name

LC of Bal Harbour, Inc.

Principal Place of Business <b>c/o Pavia &amp; Harcourt</b> <b>600 Madison Avenue</b> <b>New York, N.Y. 10022-1615</b>	Mailing Address <b>c/o Pavia &amp; Harcourt</b> <b>600 Madison Avenue</b> <b>New York, N.Y. 10022-1615</b>
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2. Principal Place of Business <b>21 9700 Collins Avenue</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Bal Harbour, Florida</b> Zip <b>24 33154</b>	2a. Mailing Address <b>26 c/o Phillips Nizer</b> <b>Benjamin Krim &amp; Ballon</b> Suite, Apt. #, etc. <b>27 666 Fifth Ave. LLP</b> City & State <b>28 New York, N.Y. / J.R. Tillem</b> Zip <b>29 10103</b>
Country <b>25 USA</b>	Country <b>30 USA</b>

3. Date Incorporated or Qualified <b>12/1/95</b>	3a. Date of Last Report <b>8/19/96</b>
4. FEI Number <b>65-0680115</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>Corporation Service Company</b> <b>1201 Hays Street</b> <b>Tallahassee, Florida 32301-2525</b>	10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b>
	<b>85 Zip Code</b> <b>FL</b>

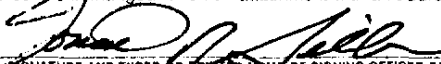
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>D P</b> NAME <b>Valerio, Carlo</b> STREET ADDRESS <b>2 Avenue Montaigne</b> CITY-ST-ZIP <b>75008 Paris France</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>D</b> NAME <b>Ungaro, Emanuel</b> STREET ADDRESS <b>2 Avenue Montaigne</b> CITY-ST-ZIP <b>75008 Paris France</b>	<input checked="" type="checkbox"/> DELETE
TITLE <b>S</b> NAME <b>Galasso, Ralph J.</b> STREET ADDRESS <b>600 Madison Avenue</b> CITY-ST-ZIP <b>New York, N.Y. 10022</b>	<input checked="" type="checkbox"/> DELETE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> DELETE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> DELETE
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP 	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>D P</b> 1.2 NAME <b>Gestri, Francesco</b> 1.3 STREET ADDRESS <b>2 Avenue Montaigne</b> 1.4 CITY-ST-ZIP <b>75008 Paris France</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <b>D V T</b> 2.2 NAME <b>Fortini, Marco</b> 2.3 STREET ADDRESS <b>663 Fifth Avenue</b> 2.4 CITY-ST-ZIP <b>New York, New York 10022</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <b>D S</b> 3.2 NAME <b>Tillem, Jonathan R.</b> 3.3 STREET ADDRESS <b>666 Fifth Avenue</b> 3.4 CITY-ST-ZIP <b>New York, N.Y. 10103</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE:  **Jonathan R. Tillem** 6/12/97 212-841-0506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)