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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S47099

(4)

1. Corporation Name

LION PROPERTY, INC.

Principal Place of Business

12920 SW 81ST STREET
SUITE 5400
MIAMI FL 33183
US

Mailing Address

12920 SW 81ST STREET
SUITE 5400
MIAMI FL 33183
US

2. Principal Place of Business

2a. Mailing Address

21 c/o Pavia & Harcourt
Suite, Apt. #, etc.

26 c/o Pavia & Harcourt
Suite, Apt. #, etc.

22 600 Madison Ave., 12th Fl.
City & State

27 600 Madison Ave., 12th Fl.
City & State

23 New York, NY

28 New York, NY

24 Zip 10022 Country New York

29 Zip 10022 Country New York

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/19/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0278703

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

10. Name and Address of New Registered Agent

81 Name
The Prentice-Hall Corporation System, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
83
84 City
Tallahassee FL 85 Zip Code
32301

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

Marcia A. Skinner, Assistant Secretary

3-19-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1	11 TITLE	P
NAME	CORTI, ALBERTO	☐ DELETE	12 NAME	Alberto Corti
STREET ADDRESS	VIA AL PONTE 9		13 STREET ADDRESS	Via Al Ponte 9
CITY, ST, ZIP	6900 MASSAGNO SW		14 CITY, ST, ZIP	6900 Massagno, SWITZERLAND
TITLE	VS	☒ DELETE	21 TITLE	S
NAME	MANN, EUGENE		22 NAME	George M. Pavia
STREET ADDRESS	12920 SW 81 STREET		23 STREET ADDRESS	600 Madison Ave., 12th Fl.
CITY, ST, ZIP	MIAMI FL		24 CITY, ST, ZIP	New York, NY 10022
TITLE		☐ DELETE	31 TITLE	AS
NAME			32 NAME	Maureen Massa
STREET ADDRESS			33 STREET ADDRESS	600 Madison Ave., 12th Fl.
CITY, ST, ZIP			34 CITY, ST, ZIP	New York, NY 10022
TITLE		☐ DELETE	41 TITLE	
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY, ST, ZIP			44 CITY, ST, ZIP	
TITLE		☐ DELETE	51 TITLE	
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY, ST, ZIP			54 CITY, ST, ZIP	
TITLE		☐ DELETE	61 TITLE	
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY, ST, ZIP			64 CITY, ST, ZIP	

11 TITLE	P	☐ Change ☒ Addition
12 NAME	Alberto Corti	
13 STREET ADDRESS	Via Al Ponte 9	
14 CITY, ST, ZIP	6900 Massagno, SWITZERLAND	
21 TITLE	S	☐ Change ☒ Addition
22 NAME	George M. Pavia	
23 STREET ADDRESS	600 Madison Ave., 12th Fl.	
24 CITY, ST, ZIP	New York, NY 10022	
31 TITLE	AS	☐ Change ☒ Addition
32 NAME	Maureen Massa	
33 STREET ADDRESS	600 Madison Ave., 12th Fl.	
34 CITY, ST, ZIP	New York, NY 10022	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto 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 manager or person 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George M. Pavia
Secretary 2/29/96 (212) 980-3500

CR2E034 (12/95)