

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 235005 (6)

1. Corporation Name

PASADENA GARDENS INC



Principal Place of Business

Mailing Address

600 LAYNE BLVD. #110
HALLANDALE FL 33009
US

600 LAYNE BLVD
HALLANDALE FL 33009-6506
US

3. Date Incorporated or Qualified 04/01/1960	3a. Date of Last Report 05/01/1995
4. FEI Number 59-0931668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

BLUM SIDNEY
600 LAYNE BLVD., APT. #210
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name SEBASTIAN DEVITA
82 Street Address (P.O. Box Number is Not Acceptable) 600 LAYNE BLVD APT 117
83
84 City HALLANDALE
85 Zip Code FL 33009

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 **SEBASTIAN DEVITA TRS X** *Sebastiano DeVita* DATE **4 26 96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/> DELETE
NAME	NICEY, MONFETTE	
STREET ADDRESS	600 LAYNE BLVD, #202	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FRANCES LOVETT	
STREET ADDRESS	600 LAYNE BLVD, #133	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BLUM, SIDNEY	
STREET ADDRESS	600 LAYNE BLVD, APT 210	
CITY - ST - ZIP	HOLLYWOOD FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUESNEL, Y	
STREET ADDRESS	600 LAYNE BLVD, APT 211	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	NICEY, MONFETTE		
1.3 STREET ADDRESS	600 LAYNE BLVD #202		
1.4 CITY - ST - ZIP	HALLANDALE FL 33009		
2.1 TITLE	DT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	DEVITA, SEBASTIAN		
2.3 STREET ADDRESS	600 LAYNE BLVD # 117		
2.4 CITY - ST - ZIP	HALLANDALE FL 33009		
3.1 TITLE	D VP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	BELLI, ANTONIO		
3.3 STREET ADDRESS	600 LAYNE BLVD # 220		
3.4 CITY - ST - ZIP	HALLANDALE FL 33009		
4.1 TITLE	DS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	HOLMES, DORREN		
4.3 STREET ADDRESS	600 LAYNE BLVD		
4.4 CITY - ST - ZIP	HALLANDALE FL 33009		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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)(k), 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: **SEBASTIAN DEVITA TRS X** *Sebastiano DeVita* DATE **4 26 96** 954 4578980
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (12/95)