

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 MAR 28 PM 3:06

DOCUMENT # **276516** (2)

1. Corporation Name
MARLEN GARDENS "3" CORPORATION

Principal Place of Business Mailing Address
16800 NORTHEAST 14TH AVENUE MIAMI FL 33162-2836 **16800 NORTHEAST 14TH AVENUE MIAMI FL 33162-2836**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/16/1963** 3a. Date of Last Report **01/27/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2060927		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HYMAN, MICHAEL 111 NE 1 ST MIAMI FL				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL			

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 applicable) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	B	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, REBECA	12 NAME	
STREET ADDRESS	17050 NE 14TH AVE	13 STREET ADDRESS	
CITY, ST, ZIP	N MIAMI BCH FL	14 CITY, ST, ZIP	
TITLE	VP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTHER NASS	22 NAME	
STREET ADDRESS	17050 NE 14TH AVE	23 STREET ADDRESS	
CITY, ST, ZIP	N MIAMI BCH FL	24 CITY, ST, ZIP	
TITLE	P	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, FLORENCE	32 NAME	
STREET ADDRESS	17050 NE 14TH AVE	33 STREET ADDRESS	
CITY, ST, ZIP	N MIAMI BCH FL	34 CITY, ST, ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUFF, SALLY	42 NAME	
STREET ADDRESS	17050 N E 14TH AVE	43 STREET ADDRESS	
CITY, ST, ZIP	N MIAMI BCH FL	44 CITY, ST, ZIP	
TITLE	S	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINEGRAD, RAY	52 NAME	
STREET ADDRESS	17050 NE 14TH AVE	53 STREET ADDRESS	Bonnie Weinbaum
CITY, ST, ZIP	N MIAMI BCH, FL 33162	54 CITY, ST, ZIP	17050 NE 14th Avenue
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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 110.01(3)(b), 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 of this report, or in an attachment with an address.

SIGNATURE: *Florence Young* **FLORENCE YOUNG** 3/16/95
(NAME AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR) (DATE)