

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 # 276516 (2)

1. Corporation Name
MAR-LEN GARDENS "3" CORPORATION



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

3. Date Incorporated or Qualified: 12/16/1963
3a. Date of Last Report: 03/28/1995
4. FEI Number: 59-2060927
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**HYMAN, MICHAEL
111 NE 1 ST
MIAMI FL**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	B ALEXANDER, REBECA 17050 NE 14TH AVE N MIAMI BCH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	ESTHER NASS 17050 NE 14TH AVE N MIAMI BCH FL	<input type="checkbox"/> DELETE	1.2 NAME
STREET ADDRESS	YOUNG, FLORENCE 17050 NE 14TH AVE N MIAMI BCH FL	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS
CITY-ST-ZIP	KUFF, SALLY 17050 N E 14TH AVE N MIAMI BCH FL	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
	WEINBAUM, BONNIE 17050 N.E. 14TH AVENUE N MIAMI BEACH FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
		<input type="checkbox"/> DELETE	2.2 NAME
			2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
			3.1 TITLE
			3.2 NAME
			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
			4.1 TITLE
			4.2 NAME
			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
			5.1 TITLE
			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
			6.1 TITLE
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

1.1 TITLE	B.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ABE BIRNBAUM	
1.3 STREET ADDRESS	17050 NE 14 Ave	
1.4 CITY-ST-ZIP	N. Miami Beach, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Oscar Alexander	
3.3 STREET ADDRESS	17050 NE 14 Ave	
3.4 CITY-ST-ZIP	N. Miami Beach, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Harry Rabin	
5.3 STREET ADDRESS	17050 NE 14 Ave	
5.4 CITY-ST-ZIP	N Miami Beach, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Oscar Alexander* Oscar Alexander 2/23/96 947-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)