

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

FILED

**Feb 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 276516 (2)

1. Corporation Name
MARLEN 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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/16/1963	3a. Date of Last Report 03/19/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2060927	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HYMAN, MICHAEL 111 NE 1 ST MIAMI FL		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	B <input type="checkbox"/> DELETE	1.1 TITLE	B <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRNBAUM, ABE	1.2 NAME	WEINBAUM, CHARLES
STREET ADDRESS	17050 NE 14TH VE	1.3 STREET ADDRESS	17050 NE 14 Ave
CITY-ST-ZIP	N MIAMI BCH FL	1.4 CITY-ST-ZIP	N. Miami Beach, Fla
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTHER NASS	2.2 NAME	
STREET ADDRESS	17050 NE 14TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, OSCAR	3.2 NAME	
STREET ADDRESS	17050 NE 14TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUFF, SALLY	4.2 NAME	BIRNBAUM, ABE
STREET ADDRESS	17050 N E 14TH AVE	4.3 STREET ADDRESS	17050 NE 14 Ave
CITY-ST-ZIP	N MIAMI BCH FL	4.4 CITY-ST-ZIP	N. Miami Beach, Fla
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABIN, HARRY	5.2 NAME	RABIN, HARRY
STREET ADDRESS	17050 N.E. 14TH AVENUE	5.3 STREET ADDRESS	17050 NE 14 Ave
CITY-ST-ZIP	N MIAMI BEACH FL	5.4 CITY-ST-ZIP	N Miami Beach, Florida
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *Sally Kuff* *1/28/97* **305-947-4511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)