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Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90042 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 276516

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1963	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2060927		
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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 Country	28 Zip Country
24	29
25	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 **EDITH SOUTHERTON**

82 Street Address (P.O. Box Number is Not Acceptable)
16800 NE 14 Ave

83

84 City **N. Miami Beach** **FL** 85 Zip Code **33162**

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 *Edith Southerton* **EDITH SOUTHERTON** 2/17/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BIRNBAUM, ABE	
STREET ADDRESS	17000 NE 14TH AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ESTHER NASS	
STREET ADDRESS	17050 NE 14TH AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ALEXANDER, OSCAR	
STREET ADDRESS	17050 NE 14TH AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KUFF, SALLY	
STREET ADDRESS	17050 N E-14TH AVE	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RABIN, HARRY	
STREET ADDRESS	17050 N.E. 14TH AVENUE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DERATAMY, WILLIAM	
STREET ADDRESS	17000 NE 14TH AVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MAJEV, HELA	
2.3 STREET ADDRESS	17050 NE 14th Ave	
2.4 CITY-ST-ZIP	N. Miami Beach, Fla 33162	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	B.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WEINBAUM, CHARLES	
5.3 STREET ADDRESS	17050 NE 14th Ave	
5.4 CITY-ST-ZIP	N. Miami Beach, Fla. 33162	
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 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, with all other like empowered.

SIGNATURE: *Oscar Alexander* OSCAR ALEXANDER 3/10/99 (305) 947-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)