

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 2: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 256279 (1)

1. Corporation Name

RO-LEN LAKE GARDENS "B" CORPORATION

Principal Place of Business

**714 S W 11TH AVE
HALLANDALE FL 33009**

Mailing Address

**714 S W 11TH AVE
HALLANDALE FL 33009**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/22/1962

3a. Date of Last Report

04/25/1994

4. FEI Number

59-0966885

Applied For

Not Applicable

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**FRASCIELLO, DANTE
820 SW 11 AVE - APT. B8
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	★
NAME	GEMELLARO, B.J.
STREET ADDRESS	820 SW 11 AVE B20
CITY - ST - ZIP	HALLANDALE FL
TITLE	D
NAME	SOLANGE, VIGROUX
STREET ADDRESS	820 S.W. 11TH AVENUE B-1
CITY - ST - ZIP	HALLANDALE FL
TITLE	★ PRES / D
NAME	FRASCIELLO, DANTE
STREET ADDRESS	820 SW 11 AVE B8
CITY - ST - ZIP	HALLANDALE FL
TITLE	ST
NAME	POWER, ROSE
STREET ADDRESS	820 SW 11 AVE #7
CITY - ST - ZIP	HALLANDALE FL
TITLE	D
NAME	MERENDA, BILL
STREET ADDRESS	820 S.W. 11TH AVENUE #12
CITY - ST - ZIP	HALLANDALE FL
TITLE	D
NAME	SCARLATA, JEAN
STREET ADDRESS	820 SW 11TH AVE, APT 2
CITY - ST - ZIP	HALLANDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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:

Dante Frasciello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANTE FRASCIELLO

3/14/95

456-3731

Date

Telephone Number