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 # **256281** **(7)**

1. Corporation Name
RO-LEN LAKE GARDENS "F" CORPORATION

Principal Place of Business	Mailing Address
714 S W 11TH AVE HALLANDALE FL 33009	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**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

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

9. Name and Address of Current Registered Agent

SIMONS, SY
725 SW. 11TH AVENUE, APT. 18
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 _____ 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	D	11 TITLE	☐ Change ☐ Addition
NAME	LACOURSIERR, FABIEN	12 NAME	
STREET ADDRESS	725 SW 11TH AVENUE -F16	13 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MARANO, OLIVIA	22 NAME	
STREET ADDRESS	725 S.W. 11TH AVE,APT 15	23 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SIMONS, SY	32 NAME	
STREET ADDRESS	725 SW 11 AVE. #18,	33 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	34 CITY-ST-ZIP	
TITLE	[redacted] S/T D	41 TITLE	☐ Change ☐ Addition
NAME	BRUSCINO, YOLANDA	42 NAME	
STREET ADDRESS	725 SW 11 AVE F8	43 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	44 CITY-ST-ZIP	
TITLE	D/TS	51 TITLE	☐ Change ☐ Addition
NAME	[redacted] BOLDUC, ANDRES	52 NAME	
STREET ADDRESS	725 SW 11 AVE APT [redacted] 10	53 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KALMAN, IRENE	62 NAME	
STREET ADDRESS	725 S.W. 11 AVE, #2	63 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	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 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: /s/ Andres Bolduc 3/20/95 458-3583
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ANDRE BOLDUC

0076487 CF