

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 256281 (7)

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

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

Mailing Address
714 S W 11TH AVE
HALLANDALE FL 33009-6755



3. Date Incorporated or Qualified 02/22/1962
3a. Date of Last Report 04/11/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-0966885		Applied For	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.				Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24. Country		29. Country		30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
KALMAN, IRENE
725 SW 11TH AVENUE
SUITE 2
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LACOURSIERR, FABIEN	1.1 TITLE	☐ Change ☐ Addition
NAME	725 SW 11TH AVENUE -F16	1.2 NAME	
STREET ADDRESS	HALLANDALE, FL 00000	1.3 STREET ADDRESS	
CITY- ST- ZIP	VD	1.4 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE	MARANO, OLMA	2.1 TITLE	
NAME	725 S.W. 11TH AVE, APT 15	2.2 NAME	
STREET ADDRESS	HALLANDALE, FL 00000	2.3 STREET ADDRESS	
CITY- ST- ZIP	STD	2.4 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE	BRUSCINO, YOLANDA	3.1 TITLE	
NAME	725 SW 11 AVE F8	3.2 NAME	
STREET ADDRESS	HALLANDALE FL	3.3 STREET ADDRESS	
CITY- ST- ZIP	DP	3.4 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE	BLAVC, ANDRES	4.1 TITLE	
NAME	725 SW 11 AVENUE APT 10	4.2 NAME	
STREET ADDRESS	HALLANDALE FL	4.3 STREET ADDRESS	
CITY- ST- ZIP	D	4.4 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE	KALMAN, IRENE	5.1 TITLE	
NAME	725 S.W. 11 AVE, #2	5.2 NAME	
STREET ADDRESS	HALLANDALE FL	5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Olivia Marano 2/20/97

Date Daytime Phone #

CR2E034 (9/96)