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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 3:06

DOCUMENT # **276519** **(6)**

1. Corporation Name
MAR-LEN GARDENS "6" CORPORATION

Principal Place of Business	Mailing Address
16800 NORTHEAST 14TH AVENUE MIAMI FL 33162-2636	16800 NORTHEAST 14TH AVENUE MIAMI FL 33162-2636

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/16/1963**
3a. Date of Last Report: **01/28/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-2060927** ☐ 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

HYMAN,MICHAEL
111 NE 1ST
MIAMI FL

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 _____ (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☐ Change ☐ Addition
NAME	HEALY, ROBERTA	12 NAME	Rosamond Schleifer	
STREET ADDRESS	16901 NE 13TH AVE	13 STREET ADDRESS	16901 NE 13th Ave	
CITY ST ZIP	N MIAMI BCH, FL 00000	14 CITY ST ZIP	N. Miami Beach, Fla.	
TITLE	VP	21 TITLE	VP	☐ Change ☐ Addition
NAME	SCHLEIFER, ROSAMOND	22 NAME	Roberta Healy	
STREET ADDRESS	16901 NE 13TH AVE	23 STREET ADDRESS	16901 NE 13th Ave	
CITY ST ZIP	N MIAMI BCH, FL 00000	24 CITY ST ZIP	N Miami Beach, Fla.	
TITLE	S	31 TITLE	S	☐ Change ☐ Addition
NAME	ATLAS, NORMAN	32 NAME	Toby Olin	
STREET ADDRESS	16901 NE 13TH AVE.	33 STREET ADDRESS	16901 NE 13th Ave	
CITY ST ZIP	N MIAMI BCH, FL 00000	34 CITY ST ZIP	N Miami Beach, Fla.	
TITLE	T	41 TITLE	T	☐ Change ☐ Addition
NAME	STULBERGER, HUGO	42 NAME	Pearl Kramer	
STREET ADDRESS	16901 NE 13TH AVE	43 STREET ADDRESS	16901 NE 13th Avenue	
CITY ST ZIP	N MIAMI BCH, FL 00000	44 CITY ST ZIP	N Miami Beach, Fla.	
TITLE	B	51 TITLE	B	☐ Change ☐ Addition
NAME	GREENBERG, MAX	52 NAME	Julius Stein	
STREET ADDRESS	16901 NE 13TH AVE	53 STREET ADDRESS	16901 NE 13th Ave	
CITY ST ZIP	N MIAMI BCH, FL 00000	54 CITY ST ZIP	N Miami Beach, Fla.	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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: Rosamond Schleifer ROSAMOND SCHLEIFER 3/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

0176000 CP