FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 12 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 # **276519** **(6)**

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

Principal Place of Business	Mailing Address
16800 NORTHEAST 14TH AVENUE MIAMI FL 33162-2836	16800 NORTHEAST 14TH AVENUE MIAMI FL 33162-2836

3. Date Incorporated or Qualified: **12/16/1963**
3a. Date of Last Report: **03/19/1996**

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: **59-2060927** ☐ 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: _____ 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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHLEIFER, ROSAMOND		1.2 NAME		
STREET ADDRESS	16901 N.E. 13TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	CURSON, PAULINE		2.2 NAME	PELTA, CHARLES	
STREET ADDRESS	16901 N.E. 13TH AVE		2.3 STREET ADDRESS	16901 NE 13 Ave	
CITY-ST-ZIP	N MIAMI BEACH FL		2.4 CITY-ST-ZIP	N Miami Beach, Fla 33162	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STEIN, JULIUS		3.2 NAME		
STREET ADDRESS	16901 N.E. 13TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KRAMER, PEARL		4.2 NAME		
STREET ADDRESS	16901 N.E. 13TH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		4.4 CITY-ST-ZIP		
TITLE	B	☐ DELETE	5.1 TITLE	B	☐ Change ☐ Addition
NAME	PELTA, CHARLES		5.2 NAME	AUGER, CLAIRE	
STREET ADDRESS	16901 N.E. 13TH AVE		5.3 STREET ADDRESS	16901 NE 13 Ave	
CITY-ST-ZIP	N MIAMI BEACH FL		5.4 CITY-ST-ZIP	N. Miami Beach, Fla	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Rosamond Schleifer 1/28/97 305-947-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #