

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 276519

1. Corporation Name

MAR-LEN GARDENS "6" CORPORATION

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

Mailing Address
**16800 NORTHEAST 14TH AVENUE
MIAMI FL 33162-2836**

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90042 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1963

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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
Edith Southerton

82 Street Address (P.O. Box Number is Not Acceptable)
16800 NE 14 Avenue

83

84 City
N. Miami Beach

85 Zip Code
FL 33162

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 *Edith Southerton*
Signature, typed or printed name of registered agent and title if applicable.

EDITH SOUTHERTON

2/17/99
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	SCHLEIFER, ROSAMOND	
STREET ADDRESS	16901 N.E. 13TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VP	☒ DELETE
NAME	CURSON, PAULINE	
STREET ADDRESS	16901 N.E. 13TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	S	☒ DELETE
NAME	STEIN, JULIUS	
STREET ADDRESS	16901 N.E. 13TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	T	☒ DELETE
NAME	KRAMER, PEARL	
STREET ADDRESS	16901 N.E. 13TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VP	☒ DELETE
NAME	PELTA, CHARLES	
STREET ADDRESS	16901 N.E. 13TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	S	☒ DELETE
NAME	VAIVE, ANDRE	
STREET ADDRESS	16901 NE 13TH AVE	
CITY-ST-ZIP	N MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.	☒ Change ☐ Addition
1.2 NAME	VAIVE, ANDRE	
1.3 STREET ADDRESS	16901 NE 13th Ave	
1.4 CITY-ST-ZIP	N. Miami Beach, Fla. 33162	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	PELTA, CHARLES	
2.3 STREET ADDRESS	16901 NE 13th Ave	
2.4 CITY-ST-ZIP	N. Miami Beach, Fla. 33162	
3.1 TITLE	S.	☒ Change ☐ Addition
3.2 NAME	PICHET, GILLES	
3.3 STREET ADDRESS	16901 NE 13 Ave	
3.4 CITY-ST-ZIP	N. Miami Beach, Fla 33162	
4.1 TITLE	T	☒ Change ☐ Addition
4.2 NAME	BERNARD, DORIS	
4.3 STREET ADDRESS	16901 NE 13 Ave	
4.4 CITY-ST-ZIP	N. Miami Beach, Fla 33162	
5.1 TITLE	B	☒ Change ☐ Addition
5.2 NAME	BEDARD, LUCILLE	
5.3 STREET ADDRESS	16901 NE 13 Ave	
5.4 CITY-ST-ZIP	N. Miami Beach, Fla 33162	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

Andre Vaive
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRE VAIVE 3/10/99 (305) 947-4511

Date

Daytime Phone #

CR2E034 (1/98)