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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 727817 (9)
1. Corporation Name
DOUGLAS GARDENS HOLDING CORP., INC.

Principal Place of Business Mailing Address
5200 N.E. 2ND AVENUE MIAMI FL 33137 **5200 N.E. 2ND AVENUE MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/19/1973	3a. Date of Last Report 04/26/1994
4. FEI Number 23-7302931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**LICHTMAN, MARC
5200 N.E. 2ND AVENUE
MIAMI FL 33137**

10. Name and Address of New Registered Agent
81 Name **Lourdes A. Boue**
82 Street Address (P.O. Box Number is Not Acceptable) **5200 NE 2nd Ave**
83
84 City **Miami** FL 85 Zip Code **33137**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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]* DATE **4/12/95**

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	BECK, HAROLD
STREET ADDRESS	151 NE 52ND ST.
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	LICHTMAN, MARC
STREET ADDRESS	151 N.E. 52ND ST.
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	CYPEN, STEPHEN
STREET ADDRESS	825 ARTHUR GODFREY RD.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	CYPEN, BEN
STREET ADDRESS	825 ARTHUR GODFREY RD
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	OSSIP, AL
STREET ADDRESS	4800 N.E. 2ND AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	omit
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE: *[Signature]* **Harold Beck** DATE: **4/12/95** **751-5626**