

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M32670** (5)

1. Corporation Name

**GARCEN CORPORATION**



Principal Place of Business

% J.B. REISMAN  
1 SE 3RD AVE., SUITE 2600  
MIAMI FL 33131  
US

Mailing Address

% J.B. REISMAN  
1 SE 3RD AVE., SUITE 2600  
MIAMI FL 33131  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **13643 DEERING BAY DRNG**

27 Suite, Apt. #, etc.

27 **No. 136**

28 City & State

28 **MIAMI, FL**

29 Zip

29 **33158**

30 Country

30 **USA**

3. Date Incorporated or Qualified

**05/26/1986**

3a. Date of Last Report

**01/20/1995**

4. FEI Number

**59-2675210**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

REISMAN, JOSEPH B  
1 SE 3RD AVENUE  
SUITE 2600  
MIAMI FL 33131

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 of the person authorized to sign the report on behalf of the corporation

Signature of the Registered Agent (signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-STATE-ZIP  
12.5 TITLE  
12.6 NAME  
12.7 STREET ADDRESS  
12.8 CITY-STATE-ZIP  
12.9 TITLE  
12.10 NAME  
12.11 STREET ADDRESS  
12.12 CITY-STATE-ZIP  
12.13 TITLE  
12.14 NAME  
12.15 STREET ADDRESS  
12.16 CITY-STATE-ZIP  
12.17 TITLE  
12.18 NAME  
12.19 STREET ADDRESS  
12.20 CITY-STATE-ZIP

PTD  
REISMAN, JOSEPH B.  
1 SE 3RD AVE., SUITE 2600  
MIAMI FL 33131

☐ DELETE

VSD  
REISMAN, NORMA  
13643 DEERING BAY DR  
MIAMI FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-STATE-ZIP  
13.5 TITLE  
13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY-STATE-ZIP  
13.9 TITLE  
13.10 NAME  
13.11 STREET ADDRESS  
13.12 CITY-STATE-ZIP  
13.13 TITLE  
13.14 NAME  
13.15 STREET ADDRESS  
13.16 CITY-STATE-ZIP  
13.17 TITLE  
13.18 NAME  
13.19 STREET ADDRESS  
13.20 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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 to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph B Reisman*

*1/25/96 (305) 358-2600*

CR2E034 (12/95)