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 # M32670 1. Corporation Name

GARCEN CORPORATION

		•							
Principal Place	e of Business	Mailing Address			,	1 (48/98() 146 ()((6 () 4/4 ()	IABII ABII MINI	#1811 BIBIT B1811 B	ilifili genie cene
13643 DEERING BAY DR		13643 DEERING BAY DRIVE							
N 136		NO 136			DO NOT WE	OITE IN THIS	SPACE		
CORAL GABLES FL 33158		MIAMI FL 33158			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
US		US				3. Date incorporated or Quality 05/26/1986	a ·		_
2. Principal P	lace of Business	2a. Mailing Address				4: FEI Number		Ap	plied For
21		26		59-2675210		No	t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
22		27				1		Fee Re	· · · · · · · · · · · · · · · · · · ·
City & State	e	City & State				6. Election Campaign Financing	g 🗆	\$5.00	
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the cu	ırrent year Ir		□No
24	25	29	30			. Personal Property Tax.		☐ Yes	□NO
	9. Name and Address of Curr	ent Registered Agent		B1 N	lame	10. Name and Address of New	Registered	Agent	
DEIG	MAN, JOSEPH B	;	[ין יי	lanie				
	SRD AVENUE		17	82 5	street Addre	ess (P.O. Box Number is Not Accep	otable)		
	E 2600		ļ.,	-			1 1 1 1 1 1 1 1 1	5 - 4 95 5 6 1 1 5 - 2 5 1 1 2 1 1	* * * / Pi * * * * * * * * * * * * * * * * *
1 3	Al FL 33131	•	['	83					
IVIEAN	WI FL 33131			B4 (City	- Personal Control of the Prince of the Prin	-121-121-121-1 •-•	85 Zip (Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change was a	authorized	DV ING	corporation	n's board of directors. I hereby acc	ept the appo	ointment as re	gistered
agent. i a		3 ,,	onda Statui	es.		•			. •
SIGNATURE				ies.		when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOT		ies.		when reinstating)		ND DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered a		E: Registered A	ies. Igent się		ADDITIONS/CHANGES TO C		ND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable. (NOT	E: Registered A	es. gent sig					
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS . PTD REISMAN, JOSEPH B.	agent and title if applicable. (NOT AND DIRECTORS	E: Registered A	ies. Igentsiq E	inature required	ADDITIONS/CHANGES TO C			
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600	agent and title if applicable. (NOT AND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	es. gent sig E EET AD	prature required	ADDITIONS/CHANGES TO C			
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS. PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131	agent and title if applicable. (NOT AND DIRECTORS	E: Registered A 13. 1.1 TITL 1.2 NAM	gent siç E ME EET AD 7-ST-ZI	prature required	ADDITIONS/CHANGES TO C			
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS. PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD	agent and title if applicable. (NOT AND DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITI	gent sig E ME EET AD 7-ST-ZI	prature required	ADDITIONS/CHANGES TO C		☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS. PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA	agent and title if applicable. (NOT AND DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAA	E EET AD Y-ST-Z	DRESS	ADDITIONS/CHANGES TO C		☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS. PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA 13643 DEERING BAY DR	agent and title if applicable. (NOT AND DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITT 2.2 NAA 2.3 STR	gent siq E ME EET AD 7-ST-ZI E	DRESS P ORESS	ADDITIONS/CHANGES TO C		☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS. PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA	agent and title if applicable. (NOT AND DIRECTORS	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAA	gent signer sign	DRESS P ORESS	ADDITIONS/CHANGES TO C		☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS. PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA 13643 DEERING BAY DR	agent and title if applicable. (NOT AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT	EET AD EET AD EET AD EET AD EET AD EET AD	DRESS P ORESS	ADDITIONS/CHANGES TO C		☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS. PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA 13643 DEERING BAY DR	agent and title if applicable. (NOT AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN	E HE	DRESS P DRESS	ADDITIONS/CHANGES TO C		☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS. PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA 13643 DEERING BAY DR	agent and title if applicable. (NOT AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITT 2.2 NAA 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAA 3.3 STR	E HE	DRESS P DRESS DRESS	ADDITIONS/CHANGES TO C		☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS. PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA 13643 DEERING BAY DR	agent and title if applicable. (NOT AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN	E HE	DRESS P DRESS DRESS	ADDITIONS/CHANGES TO C		☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS. PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA 13643 DEERING BAY DR	agent and title if applicable. (NOTAND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT	E HE EET AD HE EEET AD HE EET AD HE EEET AD HE EEET AD HE EEET AD HE EET	DRESS P DRESS DRESS	ADDITIONS/CHANGES TO C		☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS. PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA 13643 DEERING BAY DR	agent and title if applicable. (NOTAND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITT 2.2 NAN 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAN	E EEET AD FE ST-Z FE ME FE ST-Z FE ME FE ST-Z FE ME FE SEET AD FE SEET AD ME ME ME ME ME ME ME ME ME	DRESS P DRESS IP DRESS	ADDITIONS/CHANGES TO C		☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS. PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA 13643 DEERING BAY DR	agent and title if applicable. (NOTAND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.2 NAM 2.3 STR 2.4 CITI 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR	E HE EET AD HE E	DRESS P DRESS IP DRESS IP DRESS	ADDITIONS/CHANGES TO C		☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS. PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA 13643 DEERING BAY DR	agent and title if applicable. (NOTAND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITT 2.2 NAN 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAN	E EET AD ME EET AD M	DRESS P DRESS IP DRESS IP DRESS	ADDITIONS/CHANGES TO C		☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS. PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA 13643 DEERING BAY DR	agent and title if applicable. (NOT AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITT 2.2 NAN 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITT	E EET AD LEET AD LE	DRESS P DRESS IP DRESS IP DRESS	ADDITIONS/CHANGES TO C		☐ Change ☐ Change ☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA 13643 DEERING BAY DR MIAMI FL	agent and title if applicable. (NOT AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITT 2.2 NAM 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITT 5.1 TITL	E HE EET AD F ME LEET AD F M	DRESS P DRESS IP DRESS IP DRESS P	ADDITIONS/CHANGES TO C		☐ Change ☐ Change ☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA 13643 DEERING BAY DR MIAMI FL	agent and title if applicable. (NOT AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITT 2.2 NAM 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITT 5.1 TITL 5.2 NAM	E HE EET AD F ME HE HE HE T AD F ME T AD F M	DRESS P DRESS IP DRESS IP DRESS P ORESS	ADDITIONS/CHANGES TO C		☐ Change ☐ Change ☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA 13643 DEERING BAY DR MIAMI FL	agent and title if applicable. (NOT AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITI 2.2 NAN 2.3 STR 2.4 CITI 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITI 5.1 TITL 5.2 NAN 5.3 STR	E ME EET AD FINE ME E	DRESS P DRESS IP DRESS IP DRESS P ORESS	ADDITIONS/CHANGES TO C		☐ Change ☐ Change ☐ Change	Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA 13643 DEERING BAY DR MIAMI FL	agent and title if applicable. (NOT AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITT 2.2 NAM 2.3 STR 2.4 CITT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITT 5.4 CITT 5.4 CITT 5.5 NAM 5.3 STR 5.4 CITT 5.4 CITT 5.4 CITT 5.5 NAM 5.3 STR 5.4 CITT 5.5 NAM 5.3 STR 5.4 CITT 5.7 NAM 5.3 STR	E HE EET AD FE	DRESS P DRESS IP DRESS IP DRESS P ORESS	ADDITIONS/CHANGES TO C		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS PTD REISMAN, JOSEPH B. 1 SE 3RD AVE., SUITE 2600 MIAMI FL 33131 VSD REISMAN, NORMA 13643 DEERING BAY DR MIAMI FL	agent and title if applicable. (NOT AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITI 2.2 NAN 2.3 STR 2.4 CITI 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITI 5.1 TITL 5.2 NAN 5.3 STR 5.4 CITI 6.1 TITL 6	E HE EET AD A ME EEET AD A ME	DRESS P DRESS IP DRESS P DRESS P	ADDITIONS/CHANGES TO C		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition

SIGNATURE:

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.

6.4 CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90049 030 ***150.00