

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 4:32

DOCUMENT # P94000033066 (9)

1. Corporation Name

MANOR LANE INVESTMENTS CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Registrant

Mailing Address

**1600 NW 159TH STREET
MIAMI FL 33169**

**1600 NW 159TH STREET
MIAMI FL 33169**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

05/02/1994

2. Principal Office of Registrant

2b. Mailing Address

4. FEI Number

Applies For

21

26

65-0489616

Not Applicable

State App # etc.

State App # etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

7. This corporation has liability for a change in fee under § 192.002 Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLANCO-REYES, MARILYN
ONE SOUTHEAST THIRD AVENUE
STE. 2400
MIAMI FL 33131**

81 Name

82 Street Address (if C) (Box Number is Not Applicable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0005 and 607.1500B, 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 607.0005, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent

Signature of a person legal to represent the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (4-13)

TITLE	D
NAME	ASARNOW, CHARLES
STREET ADDRESS	1600 NW 159TH STREET
CITY, ST, ZIP	MIAMI FL 33169
TITLE	D
NAME	GAYNAIR, MARY
STREET ADDRESS	1600 NW 159TH STREET
CITY, ST, ZIP	MIAMI FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 NAME	
27 STREET ADDRESS	
28 CITY, ST, ZIP	
29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30 NAME	
31 STREET ADDRESS	
32 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.001(1)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the owner or trustee empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as requested, or as an addendum with an address.

SIGNATURE: *Mary Gaynair* MARY GAYNAIR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/95 305 624 0106
DATE AND TELEPHONE NUMBER