

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Norham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

09 MAY -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000078820 (5)**

1. Corporation Name

MIAMI GARDENS LADY, INC.

Principal Place of Business

Mailing Address

504 NE 195TH ST
N MIAMI FL 33179

504 NE 195TH ST
N MIAMI FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/21/1994

4. FEI Number

Applied For

65-0527739

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 has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 8575 N.W. 186 ST.

26 8575 N.W. 186 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BAYS-B-6-7

27 BAYS-B-6-7

City & State

City & State

23 MIAMI, FL.

28 MIAMI, FL.

Zip

Country

Zip

Country

24 33015

25 U.S.

29 33015

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WISE, MARION
504 NE 195TH ST
N MIAMI FL 33179

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 (typed or printed name of registered agent and then if applicable)

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
NAME: WISE, MARION
STREET ADDRESS: 504 NE 195TH ST
CITY-ST-ZIP: N MIAMI FL 33179

11 TITLE: P/D Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

21 TITLE: S/T Change Addition
22 NAME: ARTHUR WISE
23 STREET ADDRESS: 504 N.E. 195ST
24 CITY-ST-ZIP: N. MIAMI, FL. 33179

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 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)(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 amendment with an address.

SIGNATURE: Marion Wise - MARION WISE - 4/26/95 - 305-829-0052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR