

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

• PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **99400076680**
1. Corporation Name: **MIAMI GARDENS LADY, INC.**

Principal Place of Business: **8575 N.W. 186 ST BAYS - B-6-7 MIAMI, FL. 33015**
Mailing Address: **8575 N.W. 186 ST BAYS - B-6-7 MIAMI, FL. 33015**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	10/21/94		4/26/95
4.	FBI Number		Applied For
	65-0527739		<input type="checkbox"/> Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required
	<input type="checkbox"/>		
6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	<input type="checkbox"/>		
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**WISE, MARION
504 N.E. 195TH ST
N. MIAMI, FL. 33179**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature is required when registering.) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P/D WISE, MARION	<input type="checkbox"/>
NAME	504 N.E. 195TH ST	
STREET ADDRESS	N. MIAMI, FL. 33179	
CITY - ST - ZIP		
TITLE	S/T ARTHUR WISE	<input type="checkbox"/>
NAME	504 N.E. 195TH ST	
STREET ADDRESS	N. MIAMI, FL. 33179	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE		<input type="checkbox"/>
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/>
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/>
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/>
4.2 NAME		
4.3 STREET ADDRESS	600001842948	<input type="checkbox"/>
4.4 CITY - ST - ZIP	-05/29/96--01039--024	
	***200.00	
5.1 TITLE		<input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/>
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)(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 and sworn to, 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.

SIGNATURE: **Marion Wise - MARION WISE** **4/28/96** **305-829-0052**

CR2E034 (12/95)