SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # S16184

(1)

FILED Jun 17 1996 8:00 am Secretary of State

Marina, Hansen Realty Corp.	
	! 10 6 10 10 10 10 10 10 10 10 10 10 10 10 10

Principal Place of Business Maining Address									
2790 NE 187TH ST. N MIAMI BCH FL 33180		2790 NE 187TH ST. N MIAMI BCH FL 33180					,	,	
						3. Date Incorporated or Qualified	1	of Last Rep	ort
						12/04/1990	09/2	6/1995	
2. Principal Plac	ce of Business	2a. Mailing Addres	is			4. FEI Number			ied For
1		26				65-0248025			Applicable
Suite, Apt #.	etc	Suite, Apt. #, e	tc			5. Certificate of Status Desired		\$8.75 Ac Fee Req	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	,
Zip	Country	Ζιρ	30	ountry	.,	8. This corporation has liability for i		x unders 1 No	99 032.
24	9. Name and Address of Curre	29 Annt Registered Agent	30]	Т_		10. Name and Address of New Re	istered Ag	ent	
	9. Name and Address of Con-	en negistored Agent		81	Name				
MARINA, DOREEN					B2 Street Address (PO. Box Number is Not Acceptable)				
	MIAMI BEACH FL 33180			83					
				84	City		FL.	85 Zip Ci	ode
	Signature, Specific prime financial rejectered a			iorea Age	nit signari re requ	red when resistating) ADDITIONS/CHANGES TO OFFIC	DATE	DIRECTORS	IN 12
12.		AND DIRECTORS DEL		1 THILE		ADDITIONS/CHANGES TO OTTIC	T	Change:	Addite
TOTLE	PTD	L., 500		2 NAME				•	
NAME	MARINA, DOREEN				I ADDRESS				
STREET ADDRESS	2790 NE 187TH ST			.4 CITY - S					
CITY-ST-ZIP	N. MIAMI BEACH FL	DEL		1 TillE	31-211			Change	Additi
TITLE			1	2 NAME					
NAME					' ADDRESS				
STREET ANDRESS				4 CHTY -					
CITY-ST-ZIP TITLE		DEL		1 TITLE	<u></u>			Change	HibbA
NAME			3	2 NAME		•			
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Dity - ST - ZIP			Į.	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 under each, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears if Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96 305-433-400E