


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749088
 1. Corporation Name
GABLES WATERWAY TOWERS CONDOMINIUM ASSOC.

Principal Place of Business	Mailing Address
90 EDGEWATER DRIVE CORAL GABLES, FL. 33133	SAME

2. Principal Place of Business 21. 90 Edgewater Drive 22. Suite, Apt. #, etc. 23. City & State Coral Gables, Fl. 24. Zip 33133 25. Country USA	2a. Mailing Address 26. Same 27. Suite, Apt. #, etc. 28. City & State 29. Zip 30. Country
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3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number 59-2015509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BECKER & POLIAKOFF 5201 Blue Lagoon Drive, Suite 100 Miami, Fl. 33126 Agent: Tony Kalliche	10. Name and Address of New Registered Agent 81. Name Same 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	President
STREET ADDRESS	Aaron Glasser
CITY-ST-ZIP	90 Edgewater Dr. #PH26 Coral Gables, Fl. 33133
TITLE	<input type="checkbox"/> DELETE
NAME	Vice-President
STREET ADDRESS	John Dibeler
CITY-ST-ZIP	90 Edgewater Dr. #721 Coral Gables, Fl. 33133
TITLE	<input type="checkbox"/> DELETE
NAME	Vice-President
STREET ADDRESS	Bernard Stein
CITY-ST-ZIP	90 Edgewater Dr. #PH16 Coral Gables, Fl. 33133
TITLE	<input type="checkbox"/> DELETE
NAME	Treasurer
STREET ADDRESS	Charles F. Collard
CITY-ST-ZIP	90 Edgewater Dr. #924 Coral Gables, Fl. 33133
TITLE	<input type="checkbox"/> DELETE
NAME	Secretary
STREET ADDRESS	Leo Kopolow
CITY-ST-ZIP	90 Edgewater Dr. #1024 Coral Gables, Fl. 33133
TITLE	<input type="checkbox"/> DELETE
NAME	Director
STREET ADDRESS	Leslie Lundstrom
CITY-ST-ZIP	90 Edgewater Dr. #304 Coral Gables, Fl. 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard Jacobs
1.3 STREET ADDRESS	90 Edgewater Dr. #801
1.4 CITY-ST-ZIP	Coral Gables, Fl. 33133
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200002210912
6.3 STREET ADDRESS	-06/13/97--01002--010
6.4 CITY-ST-ZIP	***61.25

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Aaron Glasser* **AARON GLASSER** 2/9/97 305 665 7731

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: _____ Daytime Phone: _____

CR2E037 (9/96)