

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 8:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # H73902 (9)**  
1. Corporation Name

**SEVEN GABLES ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**c/o Raul E. Valdes-Fauli      c/o Raul E. Valdes-Fauli**  
**2 S. Biscayne Blvd.          2 S. Biscayne Blvd.**  
**Suite 3400                      Suite 3400**  
**Miami, FL 33131              Miami, FL 33131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/28/1985                              04/25/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		2b		59-2647182		Not Applicable	
Suite Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

**9. Name and Address of Current Registered Agent**  
**Valdes-Fauli Corporate Services, Inc.**  
**2 S. Biscayne Blvd.**  
**Suite 3400**  
**Miami, FL 33131**

**10. Name and Address of New Registered Agent**

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 title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Asturias, Mario	1.2 NAME	
STREET ADDRESS	2 S. Biscayne Blvd., #3400	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Asturias, Yvonne T.	2.2 NAME	
STREET ADDRESS	2 S. Biscayne Blvd., #3400	2.3 STREET ADDRESS	400001475434
CITY-ST-ZIP	Miami, FL 33131	2.4 CITY-ST-ZIP	-05/04/95--01029--008
TITLE	ST	3.1 TITLE	****200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robles, Lorena A.	3.2 NAME	
STREET ADDRESS	2 S. Biscayne Blvd., #3400	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	3.4 CITY-ST-ZIP	
TITLE	VA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valdes-Fauli, Raul E.	4.2 NAME	
STREET ADDRESS	2 S. Biscayne Blvd., #3400	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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 attachment with an address.

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

Secretary of State

11/6/95

*[Signature]*