

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shandra B. Moetham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K46344** (3)

1. Corporation Name  
**GAMA PROPERTIES, INC.**



Principal Place of Business: **C/O RAUL E. VALDESFAULI, 2 SOUTH BISCAYNE BLVD., ONE BISCAYNE TOWER, MIAMI FL 33131-1809**  
Mailing Address: **C/O RAUL E. VALDESFAULI, 2 SOUTH BISCAYNE BLVD., ONE BISCAYNE TOWER, MIAMI FL 33131-1809**

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

9. Name and Address of Current Registered Agent

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	11/15/1988		05/01/1995
4.	FETN Number	Applied For Not Applicable	
	65-0118818		
5.	Certificate of Status Declared	<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 checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent

**VALDES FAULI CORPORATE SERVICES INC  
ONE BISCAYNE TOWER, #3400  
2 SOUTH BISCAYNE BLVD.  
MIAMI FL 33131**

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

11. Pursuant to the provisions of Sections 607.0642 and 607.1543, 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, hereby accept the appointment as registered agent, and accept the obligation of Section 607.0643, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	-AS	<input type="checkbox"/> DELETE	
NAME	-VALDES-FAULI, RAUL E.		
STREET ADDRESS	- 2 S. BISCAYNE BLVD.		
CITY, ST, ZIP	MIAMI FL		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	SIMAN, MAURICIO		
STREET ADDRESS	2 S. BISCAYNE BLVD, #3400		
CITY, ST, ZIP	MIAMI FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	VALDES-FAULI, RAUL J.		
STREET ADDRESS	2 S. BISCAYNE BLVD.		
CITY, ST, ZIP	MIAMI FL		
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	ZACARIAS, EDGAR		
STREET ADDRESS	2 S. BISCAYNE BLVD.		
CITY, ST, ZIP	MIAMI FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

14	TITLE	Dir./Pres./Treas./Asst. Sec	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
15	NAME	Valdes-Fauli, Raul E.		
16	STREET ADDRESS	2 S. Biscayne Blvd., #3400		
17	CITY, ST, ZIP	Miami, FL. 33131	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
18	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
19	NAME			
20	STREET ADDRESS			
21	CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
22	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
23	NAME			
24	STREET ADDRESS			
25	CITY, ST, ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 was applied for and reported in good and lawful faith 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 officer 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, original or copy, as applicable.

SIGNATURE: *Edgar Zacarias*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**EDGAR ZACARIAS**

Vice President **3/6/96 (305) 376-6000**

CR2E034 (12/95)