FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000024133 (9)

GEMM PROPERTY ASSOCIATES, INC.

Principal Place of Business 737 PARADISO AVENUE CORAL GARLES EL 20146 Mailing Address

737 PARADISO AVENUE CORAL GABLES FL 33146-204

FILED Feb 04 1997 8:00am Secretary of State



CORAL GABLE	S FL 33146	CORAL GABLES FL 33146-2040								
						3. Date Incorporated or Qualified 03/31/1993	3a. Da	te of La)7/198		oorl
2. Principal P	lace of Business	2a. Mailing Address		····		4. FEI Number			App	lied For
21		26				65-0392732				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Ad e Req	lditional ulred
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution			. 00 N	lay Be Fees
Z _i p	Country	Zip	Cou	ntry		8. This corporation has liability for it	ntangible	tax unc	der s.	199,032,
24	25	29	30				Yes [
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Reg	stered /	lgent		
	TRO, MARIA D			81	Name					
	PARADISO AVENUE			82	Street Adr	dress (P.O. Box Number is Not Acceptab	le)			
COF	PAL GABLES FL 33146			83		1				
				84	City			85	Zip Co	ode
						rporation submits this statement for the p	FL			
office or r agent. I a SIGNATURE	egistered agont, or both, in the State in familiar with, and accept the obliga	of Florida Such change was ations of, Section 607.0505, F	authorized Iorida Stat	d by utes	the corpora	ation's board of directors. I hereby accep	t the app	ointmer	nt as re	gistered
	Signature, typical or printed name of registereo age			Age	nt signature requ	julied when reinstating)	DATE	DIDE/	17000	151.40
12.	OFFICERS AND	DELETE	13.	n E		ADDITIONS/CHANGES TO OFFIC	ERS ANL	Cha		Addition
NAME	CASTRO, GERMAN O		1.2 NA					□ 0160	ngo	L.J Madrido
STREET ADDRESS	737 PARADISO AVENUE				ADDRESS					
	CORAL GABLES FL 33146		1		i					
CHTY-ST-ZIP THILE	D	DELETE	1.4 CI		1-211			Cha	noe	Addition
NAME	CASTRO, MARIA D		22 N							
STREET ADDRESS	737 PARADISO AVENUE				ADDRESS					
CITY-ST-Zif	CORAL GABLES FL 33146		2.40							•
TITLE		DELETE	3.1 Tr			· · · · · · · · · · · · · · · · · · ·	375	Cha	nge	Addition
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP			3.4. C	ITY-S	SF-ZIP					
TITLE		DELETE	4.1 TI	TLE				Cha	nge	Addition
NAME			4.2 N	AME	1					
STREET ADDRESS			4.3 S1	reet	ADDRESS					
C-TY - ST - ZIP			4.4 CI	TY-S	T-ZIP					
TITLE		☐ DELETE	5.1 Tr	TLE				Cha	nge	Addition
NAME			5.2 N/	AME						
STREET ADDRESS			5.3 \$1	REET	ADDRESS					
CITY-ST-ZIP			5 4 CI		T-ZIP					1991 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		DELETE	6 1 TI		-			Cha	nge	Addition
NAME			6.2 N/		ļ					
STREET ADDRESS					ADDRESS					
CITY-\$1-7#			64 C	TY-S	T-21P					

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

SIGNATURE:

GMITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-27-97 305444-1744