

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000069082 (3)**

1. Corporation Name:

~~COLLECTION FINANCING, INC.~~  
Gables FINANCING, INC.

Principal Place of Business  
200 BIRD ROAD  
CORAL GABLES FL 33146

Mailing Address  
200 BIRD ROAD  
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt # etc

22 City & State

27 City & State

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3. Date Incorporated or Qualified

09/18/1994

3a. Date of Last Report

4. FEI Number

65-0574916

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for principal tax under § 100.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOUMIET, JUAN P  
1221 BRICKELL AVENUE  
MIAMI FL 33131

81 Name Laura Geiger  
82 Street Address (P.O. Box Number's Not Acceptable)  
701 Brickell Ave #3150

84 City Miami FL 85 Zip Code 33131

11. Pursuant to the provisions of Sections 607.08(1) and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered officer 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 duties of Section 607.08(1) Florida Statutes.

SIGNATURE Laura Geiger

Laura Geiger 4/26/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/

1. NAME COLOMBO, UGO  
2. STREET ADDRESS 200 BIRD ROAD  
3. CITY, ST, ZIP CORAL GABLES FL 33146

1. NAME  Change  Addition  
2. STREET ADDRESS  
3. CITY, ST, ZIP

1. NAME  
2. STREET ADDRESS  
3. CITY, ST, ZIP

1. NAME VP, AS, AT  
2. STREET ADDRESS Debra J. Murphy  
3. CITY, ST, ZIP 701 Brickell Ave 3R 3150  
Miami, FL 33131

1. NAME  
2. STREET ADDRESS  
3. CITY, ST, ZIP

1. NAME S, T  
2. STREET ADDRESS Esther F. Rudenhausen  
3. CITY, ST, ZIP 701 Brickell Ave  
Miami FL 33131

1. NAME  
2. STREET ADDRESS  
3. CITY, ST, ZIP

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3. CITY, ST, ZIP

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-05/09/95--0115--017  
\*\*\*\*200.00 \*\*\*\*200.00

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(4)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: Ugo Colombo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 305 372 6550