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**May 12 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P96000041776 (1)

1. Corporation Name
GABLES CORPORATE PLAZA ASSOCIATES, INC.



Principal Place of Business Mailing Address
**9400 S DADELAND BOULEVARD PH#1
MIAMI FL 33156** **9400 S DADELAND BOULEVARD PH#1
MIAMI FL 33156-2859**

| | |
|---|--|
| 3. Date Incorporated or Qualified 05/15/1996 | 3a. Date of Last Report N/A |
| 4. FEI Number 65-0747738 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 | |

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

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BOYNE, JOHN |
| STREET ADDRESS | 9400 S DADELAND BOULEVARD PH#1 |
| CITY - ST - ZIP | MIAMI FL 33156 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | BERKOWITZ, PAUL |
| STREET ADDRESS | 9400 S DADELAND BOULEVARD PH#1 |
| CITY - ST - ZIP | MIAMI FL 33156 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | FERNANDEZ, SERGIO |
| STREET ADDRESS | 9400 S DADELAND BOULEVARD PH#1 |
| CITY - ST - ZIP | MIAMI FL 33156 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | CANNON, MICHAEL Y |
| STREET ADDRESS | 9400 S DADELAND BOULEVARD PH#1 |
| CITY - ST - ZIP | MIAMI FL 33156 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | J. Boyne & P. Berkowitz |
| 13 STREET ADDRESS | 1221 Brickell Avenue |
| 14 CITY - ST - ZIP | Miami, FL 33131 |
| 21 TITLE | VP and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | Paul Berkowitz |
| 23 STREET ADDRESS | 1221 Brickell Avenue |
| 24 CITY - ST - ZIP | Miami, FL 33131 |
| 31 TITLE | S and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY - ST - ZIP | |
| 41 TITLE | P and Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY - ST - ZIP | |
| 51 TITLE | Asst. Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | William Wiener |
| 53 STREET ADDRESS | 9400 S. Dadeland Blvd., PH-1 |
| 54 CITY - ST - ZIP | Miami, FL 33156 |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

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: Michael Y. Cannon 4/29/97 (305) 670-0001
Signature and typed or printed name of signing officer or director Date Daytime Phone #
 0213776

CR2E034 (9/96)