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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041776 (1)

GABLES CORPORATE PLAZA ASSOCIATES, INC.

Principal Place of Business Mailing Address

9400 \$ DADELAND BOULEVARD PH#1

MIAMI FL 33156

MIAMI FL 33156

FILED Mar 10 1998 8:00am Secretary of State



MIAMI FL 33156		MIAMI FL 33156				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 05/15/1996			
2. Principal P	2a. Mailing Address	dress				lied For			
21		26)	Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 A	\$8.75 Additional Fee Required		
City & Stat	9	City & State					\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Inta			
24	25	29	30			Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent			
CO	RPORATION SERVICE COMPANY			81	Name	· · · · · · · · · · · · · · · · · · ·			
	1 HAYS STREET			82	Street A	Address (P.O. Box Number is Not Acceptable)			
TA	LLAHASSEE FL 32301-2525					Production (1.6. Box 140 Hoor In 140 Proceptable)			
	,			83					
				84	City	▶. 85 Zip C	ode		
				1 1	-	FL '			
11. Pursuant office or r agent. I a	to the provisions of Sections 607,0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	and 607.1508, Florida Statut If Iorida, Such change was ons of, Section 607,0505, Fl	tes, the a authorize orida Stal	bove d by tutes	e-named the corp	corporation submits this statement for the purpose of changing its poration's board of directors. I hereby accept the appointment as re-	registered egistered		
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable (NOT	E: Registere	d Age	nl signature	required when reinstating} DATE			
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12		
TIŤL€	D	DELETE	1.1 TITLE			☐ Change	Addition		
NAME	J BOYNE %P BERKOWITZ		1.2 N	1.2 NAME];		
STREET ADDRESS	1221 BRICKELL AVE		1.3 \$	1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 0	1.4 CITY-ST-ZIP					
TITLE	VPD	PD DELETE		2.1 TITLE		Change	Addition		
NAME	BERKOWITZ, PAUL		2.2 NAME		J		ļ		
STREET ADDRESS	1221 BRICKELL AVE		2.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP		T-ZIP				
TITLE	SD DELETE			3 1 TITLE		Change	Addition		
NAME	FERNANDEZ, SERGIO			3.2 NAME					
STREET ADDRESS	s 9400 S DADELAND BOULEVARD PH#1			3.3 STREET ADDRESS					
CITY-ST-ZIP	- MIAMI FL		3.4. C	ITY-S	T-ZIP				
TITLE	PD	DELETE	4.1 TI	TLE		☐ Change	Addition		
NAME	CANNON, MICHAEL Y		4.2 N		-				
STREET ADDRESS	9400 S DADELAND BOULEVAR	D PH#1	4.3 S1	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL			<u> </u>	r-ZIP				
TITLE	AST	☐ DELETE	5.1 TC	TLE		☐ Change	Addition		
NAME	WIENER, WILLIAM		5.2 N/]		
STREET ADDRESS	9400 S DADELAND BLVD PH-1				address	, '	•		
CITY-ST-ZIP			_	. 5.4 CITY-ST-ZIP			1 1 1 1 1 1 1 1		
TITLE		☐ DEL E TE	6.1 TI		1	☐ Change	Addition		
NAME			6.2 N/		- 1		}		
STREET ADDRESS			6.3 \$1	REET	ADDRESS		1		
CITY-ST-ZIP			6.4 Ci			1.0.4.40.07(0)			
14. Thereby o	ertify that the information supplied with	this filing does not qualify to	or the exe	mpt	ion stated	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the in	normation		

• Thereby certify that the information supplied with this fining does not quality 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 eath; that I am an officer or director of the corporation or the receiver or trusted expected 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:

alalas