Apr 14, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Katherine Harris ANNUAL REPORT 04-14-1999 90225 017 ***150.00 Secretary of State DIVISION OF CORPORATIONS 1999 DOCUMENT # P98000101101 1. Corporation Name GABLES CRESCENT CORP. Principal Place of Business Mailing Address ONE BAYFRONT PLAZA ONE BAYFRONT PLAZA 100 S BISCAYNE BLVD., SUITE 1100 100 S BISCAYNE BLVD., SUITE 1100 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 3. Date incorporated or Qualifed 12/04/1998 FEI Number 882417 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 8:75 Additional Suite, Apt. #, etc. Suite, Apt, #..etc. Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Compaign Financing Added to Fees Trust Fund Contribution 28 Zip Country 8. This corporation owes the current year intengible Zip Country □No ∏ Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name B & C CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI CENTER, 201 S. BISCAYNE BLVD. **SUITE 1100** 83 MIAMI FL 33131 Zip Code 84 City 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 off ce or registered egent, 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 DATE week when reinstating) Stonature, typed or printed name of registered agent and title if applicable 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change 1.1 TITLE President DELETE TITLE Tibor Hollo 1.2 NAME HOLLO, TIBOR NAME 100 S. Biscayne Blvd.Ste. 1100 100 S BISCAYNE BLVD., STE, 1100 1.3 STREET ADDRESS STREET ADDRESS Miami, Fl 33131 MIAMI FL 33131 1.4 CITY-ST-21P CITY-ST-ZP - [] Change - X Ad Intion DELETE 21 TILE_= Secretary -MLE Tibor Hollo 22 NAME 100 S. Biscayne Blvd., Ste. 1100 2.3 STREET ADDRESS STREET ADDRESS Miami, Fl. 33131 2.4 CITY-ST-ZIP CITY-ST-ZIP [Change ☐ Addition ☐ DELETE 3.1 TITLE ME 3.2 NAME 3.1 STREET ADDRESS STREET / DOF 3.4. CITY-ST-ZIP CITY-ST-ZW Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRES 4.4 CITY+ST-ZIP CITY-ST-ZIP [] Change Modition DELETE 5.1 TITLE TILE 5.2 NAME

At 1 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 cath; that I am an officer or director of the corporation or the receiver or tryates empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-7P

61 TITLE

SIGNATURE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STGN COURED REQUIRED

DELETE

Tibor Hollo

3/19/99

305/358-7710

Change

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