


**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90225 017 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000101101**

1. Corporation Name  
**GABLES CRESCENT CORP.**



Principal Place of Business ONE BAYFRONT PLAZA 100 S BISCAYNE BLVD., SUITE 1100 MIAMI FL 33131	Mailing Address ONE BAYFRONT PLAZA 100 S BISCAYNE BLVD., SUITE 1100 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/04/1998
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 05-0882417
22	City & State	27	City & State	Applied For Not Applicable
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. MIAMI CENTER, 201 S. BISCAYNE BLVD. SUITE 1100 MIAMI FL 33131		10. Name and Address of New Registered Agent		
		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85 Zip Code 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLO, TIBOR	1.2 NAME	Tibor Hollo
STREET ADDRESS	100 S BISCAYNE BLVD., STE. 1100	1.3 STREET ADDRESS	100 S. Biscayne Blvd. Ste. 1100
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Tibor Hollo
STREET ADDRESS		2.3 STREET ADDRESS	100 S. Biscayne Blvd., Ste. 1100
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL. 33131
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Tibor Hollo 3/19/99 305/358-7710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)