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 #

(8)

FILED May 12 1998 8:00am Secretary of State

RENUALL-GABLES APARTMENTS, INC.							t 1681) âlidil dalik dilil albit ibidi idal bidil albit ibidi.	
Principal Place of Business Mailing Address								L IMAN MINEN ABINA BININ ALABA MAREL KINI ALABA DIDIL BIRIT BIRIT BIRIT DIDIL
POST OFFICE BOX 440632 POST OFFICE BOX 44063;					12			
MIAMI FL 33144 MIAMI FL 33144								DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified	
								01/14/1992
	l Place of Busi	ness	2a. Mailing	2a. Mailing Address				4. FEI Number Applied For
21			26					65-0306173 / Not Applicable
Suite, Apt. #, etc.			 	Suite, Apt. #, etc.				Certificate of Status Desired \$8.75 Additional
City & State			27 City 8	City & State				Fee Required
23			├ ─┐ ′	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country			<u> </u>		ntry	,	8. This corporation owes or has paid the current year Intangible
24		25	29		30			Personal Property Tax due June 30. Yes No
	9, Name	and Address of Cu			-			10. Name and Address of New Registered Agent
E	BARRERO, R	OLANDO				61	Name	
	7850 NW 719		62 Stree			Street Add	ddress (P.O. Box Number is Not Acceptable)	
	WIAMI FL 331	166					Olibel Adi	doless (i.e. box Nulliper is Not Acceptable)
					[83		
					}	84	City	■■ 85 Zip Code
					ļ		•	FL '
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was authorities to be such controlled to the control of the state of Florida.						ove d by	e-named con the corpora	orporation submits this statement for the purpose of changing its registered
agent.	l am familiar w	ith, and accept the o	bligations of, Section	n 607.0505, Flo	rida Stati	utes	S.	and the sound of directors. Thereby decopit the appointment as registered
SIGNATURE Signature, typed or printed name of registered agree and trief displicable (NOTE Registered Agent signature required								
12.	Signature, typeo		AND DIRECTORS	e (NOTE	Registered	Age	nt signature requ	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	311102113	THE SHE OTOTO	DELETE	1.1 10	i E		Change Addition
NAME	BARRE	RO, ROLANDO			1.2 NA			
STREET ADDRES		W 71ST ST.					ADORESS	
CITY-ST-ZIP	MAMI F	FL			1.4 CIT	Y-\$1	T-ZIP	
TITLE	DT			DELETE	2.1 TIT	LE		Change Addition
NAME		ro, fara c.			2.2 NA	ME		
STREET ADDRESS		W 71ST ST.			2.3 STF	AEET I	ADDRESS	
CITY-ST-ZIP	MIAMI F	<u>. </u>			2. 4 CI	TY-S	IT-ZIP	
TITLE				☐ DELETE	3.1 TIT	LE		☐ Change ☐ Addition
NAME						3.2 NAME		į
STREET ADDRESS	s						ADDRESS	
CITY-ST-ZIP TITLE				DELETE	3.4. CIT		T-ZIP	
NAME				- DETERIE	4.1 TITO			Change Addition
STREET ADDRESS					4.2 NA		ADDRESS	
CITY-ST-ZIP	1				4.3 STF			·
TITLE				DELETE 5.1			1 - 4 IF	☐ Change ☐ Addition
NAME					5.2 NAJ			
STREET ADDRESS	s						ADDRESS	
CITY-ST-ZIP					5.4 CIT			
TITLE	T			DELETE	6.1 TITL	•		☐ Change ☐ Addition
NAME					6.2 NAS	ME	İ	
STREET ADDRESS	s				6.3 STR	REET /	ADDRESS	
CITY - ST - ZIP	1				6.4 CIT	Y-\$1	r-ZIP	

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.