

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 3:55

CORPORATION ANNUAL REPORT 1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **554155** (2)
1. Corporation Name
GABRIEL APARTMENTS, INC.

Principal Place of Business Mailing Address
~~7800 W. 20TH AVE. #221~~ ~~7800 W. 20TH AVE. #221~~
~~HALEAH FL 33016~~ ~~HALEAH FL 33016~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/12/1977
3a. Date of Last Report 03/29/1994

4. FEI Number 59-1769405
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 10179 SW 127 ST 26 10179 SW 127 ST
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
23 MIAMI FL 28 MIAMI FL

24 Zip 25 State 29 Zip 30 State
24 33176 25 FL 29 33176 30 FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PORTNOY, JOSE
~~7800 W. 20TH AVE. #221~~
HALEAH FL 33016

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
10179 SW 127 ST
83
84 City MIAMI FL 85 Zip Code 33176

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME PORTNOY, JOSE
STREET ADDRESS 7800 W. 20TH AVE. #221
CITY, ST, ZIP HALEAH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 10179 SW 127 ST
1.4 CITY, ST, ZIP MIAMI FL 33176

TITLE TD
NAME PORTNOY, JUDITH
STREET ADDRESS 7800 WEST 20TH AVE., 221
CITY, ST, ZIP HALEAH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 10179 SW 127 ST
2.4 CITY, ST, ZIP MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(6)(b), 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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/95 (302) 885-0887