

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

PROFIT CORPORATION ANNUAL REPORT 1996



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: **10179 SW 127 ST MIAMI FL 33176 US**  
Mailing Address: **10179 SW 127 ST MIAMI FL 33176 US**

3. Date Incorporated or Qualified: **10/12/1977**  
3a. Date of Last Report: **04/03/1995**  
4. FEI Number: **59-1769405**  
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: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country  
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent  
**PORTNOY, JOSE  
10179 SW 127 ST  
MIAMI FL 33176**

10. Name and Address of New Registered Agent  
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83 City; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, Sections 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Registered Agent or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD	DELETE <input type="checkbox"/>	1. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: PORTNOY, JOSE		2. NAME	
STREET ADDRESS: 10179 SW 127 ST		3. STREET ADDRESS	
CITY, ST, ZIP: MIAMI FL		4. CITY, ST, ZIP	
TITLE: TD	DELETE <input type="checkbox"/>	2. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: PORTNOY, JUDITH		2. NAME	
STREET ADDRESS: 10179 SW 127 ST		2.3 STREET ADDRESS	
CITY, ST, ZIP: MIAMI FL		2.4 CITY, ST, ZIP	
TITLE:	DELETE <input type="checkbox"/>	3. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY, ST, ZIP:		3.4 CITY, ST, ZIP	
TITLE:	DELETE <input type="checkbox"/>	4. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY, ST, ZIP:		4.4 CITY, ST, ZIP	
TITLE:	DELETE <input type="checkbox"/>	5. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY, ST, ZIP:		5.4 CITY, ST, ZIP	
TITLE:	DELETE <input type="checkbox"/>	6. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY, ST, ZIP:		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 119.07(3)(k), 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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-31-96 (305) 885-0887

CR2E034 (12/95)