

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

50 MAY -1 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 592381 (8)

1. Corporation Name:

GABLES INTERNATIONAL PLAZA COMPANY

Principal Place of Business

Mailing Address

2655 LEJEUNE ROAD, SUITE 711
CORAL GABLES FL 33134

2655 LEJEUNE ROAD, SUITE 711
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/06/1978

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2156503

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 § 199.039,
Florida Statutes. Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

29

30

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUSSO, EDMUND P.
4875 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33146**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1505, 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 607.0902, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent Accepting Appointment)

(Signature of Registered Agent or Registered Agent Accepting Appointment)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE: **PD**
NAME: **DAVIDSON, STANLEY S**
STREET ADDRESS: **2655 LEJEUNE RD**
CITY & STATE: **CORAL GABLES FL**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY & STATE

TITLE: **SD**
NAME: **HIRSCH, BERNARD E**
STREET ADDRESS: **2655 LEJEUNE RD**
CITY & STATE: **CORAL GABLES FL**

5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY & STATE

TITLE:
NAME:
STREET ADDRESS:
CITY & STATE:

9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY & STATE

TITLE:
NAME:
STREET ADDRESS:
CITY & STATE:

13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY & STATE

TITLE:
NAME:
STREET ADDRESS:
CITY & STATE:

17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY & STATE

TITLE:
NAME:
STREET ADDRESS:
CITY & STATE:

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. CITY & STATE

14. I hereby certify that the information submitted with this filing voluntarily furnished and does not qualify for the exemption stated in Section 199.039(1)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual reports, true and in compliance with the provisions of the relevant Florida Statutes, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or a registered agent for the corporation as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this form. I am an attachment with my address.

SIGNATURE:

STANLEY S. DAVIDSON

4/14/95

305 448-3000