

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

FILED

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 27 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726296

1. Corporation Name

THE GABLES BATH CLUB APARTMENTS, INC.

Principal Place of Business	Mailing Address
700 CORAL WAY CORAL GABLES, FL33134	700 CORAL WAY CORAL GABLES, FL33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/01/1973	3a. Date of Last Report 02/10/94
4. FEI Number 59-1567217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KALLICHE, ANTHONY A., ESQ BECKER, POLIAKOFF, STREITFELD, P.A. 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312-6525				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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIR & S	1.1 TITLE	DIR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALOMON, ADRIAN	1.2 NAME	LEONARD GOLDSTEIN
STREET ADDRESS	700 CORAL WAY	1.3 STREET ADDRESS	700 CORAL WAY
CITY-ST-ZIP	CORAL GABLES, FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL
TITLE	P & DIR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, HAROLD	2.2 NAME	
STREET ADDRESS	700 CORAL WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	2.4 CITY-ST-ZIP	
TITLE	T & DIR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, JOHN	3.2 NAME	
STREET ADDRESS	700 CORAL WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	3.4 CITY-ST-ZIP	
TITLE	VP & DIR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUSSINIAN, EDUARDO	4.2 NAME	
STREET ADDRESS	700 CORAL WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	4.4 CITY-ST-ZIP	
TITLE	DIR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, DON	5.2 NAME	
STREET ADDRESS	700 CORAL WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	5.4 CITY-ST-ZIP	
TITLE	A/S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, VIVIAN	6.2 NAME	
STREET ADDRESS	700 CORAL WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL	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(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: John E. Andrews **John Andrews**
 DATE: 4-10-95 **4-10-95**
 TELEPHONE: 305-446-1270 **305-446-1270**