


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harty Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 736355 1. Corporation Name GABLES WAY CONDOMINIUM, INC.					
Principal Place of Business 650 CORAL WAY CORAL GABLES FL 33116-6014			Mailing Address 650 CORAL WAY CORAL GABLES FL 33134 US		

FILED
 99 MAR 15 AM 11:15
 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business 21	2a. Mailing Address 2a	3. Date Incorporated or Qualified 07/12/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1699421
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ORTEGA, JOSE A C/O YOYA LAND CORPORATION 704 SW 17TH AVENUE, SUITE 1 MIAMI FL 33135				10. Name and Address of New Registered Agent	
B1 Name					
B2 Street Address (P.O. Box Number is Not Acceptable)					
B3					
B4 City				FL	B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD VILLAMIL, ALBERTO 650 CORAL WAY, STE 304 CORAL GABLES FL	<input checked="" type="checkbox"/> DELETE	
TITLE	P BURBAGE, JEAN 650 CORAL WAY #204 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> DELETE	
TITLE	SD ALVAREZ, LOURDES 650 CORAL WAY #504 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> DELETE	
TITLE	T REISERT, MEL 650 CORAL WAY #507 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> DELETE	
TITLE	BM GIDI, DOMINGO 650 CORAL WAY #106 CORAL GABLES FL 33134	<input checked="" type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
1.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	REISERT, MEL		
1.3 STREET ADDRESS	650 Coral Way, #507		
1.4 CITY-ST-ZIP	Coral Gables, Fla 33134		
2.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	PALENZUELA, SOFIA		
2.3 STREET ADDRESS	650 CORAL WAY, #203		
2.4 CITY-ST-ZIP	CORAL GABLES, FLA 33134		
3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	ESPEJO, OLGA		
3.3 STREET ADDRESS	650 Coral Way, #303		
3.4 CITY-ST-ZIP	Coral Gables, Fla 33134		
4.1 TITLE	BM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	BURBAGE, JEAN		
4.3 STREET ADDRESS	650 Coral Way, #204		
4.4 CITY-ST-ZIP	Coral Gables, Fla 33134		
5.1 TITLE	BM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	VILLAMIL, ALBERTO		
5.3 STREET ADDRESS	650 Coral Way, #304		
5.4 CITY-ST-ZIP	Coral Gables, Fla 33134		
6.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sofia Palenzuela DATE: 01/07/99 DAYTIME PHONE: 305-643-270