

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 # **H73902** (9)

1. Corporation Name

**SEVEN GABLES ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

% RAUL E. VALDES-FAULI  
2 S. BISCAYNE BLVD. STE.3400  
MIAMI FL 33131

% RAUL E. VALDES-FAULI  
2 S. BISCAYNE BLVD. STE.3400  
MIAMI FL 33131

3. Date Incorporated or Qualified

**08/28/1985**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDES FAULI CORP SVCS INC  
ONE BISCAYNE TWR STE 3400  
2 SO BISCAYNE BLVD  
MIAMI FL 33131

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 607.0502 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 of person authorized to sign this statement on behalf of the corporation

Signature of Registered Agent, if different from the person above

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PD  
ASTURIAS, MARIO  
2 S BISCAYNE BLVD. #3400  
MIAMI FL 33131

☐ DELETE

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
V  
ASTURIAS, YVONNE T.  
2 S BISCAYNE BLVD. #3400  
MIAMI FL 33131

☐ DELETE

2. TITLE  
3. NAME  
4. STREET ADDRESS  
5. CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
ST  
ROBLES, LORENA A.  
2 S BISCAYNE BLVD. #3400  
MIAMI FL 33131

☐ DELETE

3. TITLE  
4. NAME  
5. STREET ADDRESS  
6. CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
VA  
VALDES-FAULI, RAUL E.  
2 S BISCAYNE BLVD. #3400  
MIAMI FL 33131

☐ DELETE

4. TITLE  
5. NAME  
6. STREET ADDRESS  
7. CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

6. TITLE  
7. NAME  
8. STREET ADDRESS  
9. CITY-STATE-ZIP  
☐ Change ☐ Addition

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

3/29/96

(305) 376-6000  
Corporate Phone #

CR2E034 (12/95)