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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUN 1. Corporation		J70001		(9)		•••					
	GABLES INVE	ESTMENTS, II	NC.					- 1480/J.P 1480/J. B. 1480/J 1480/J 1480/J 1480/J 1480/J 1480/J 1480/J 1480/J 1480/J	II ANNI BIGIFA	AND ALAM AN	IN RIBIN AJON IBDI
District District	46)			··· ·							
Principal Place of Business			Mailing Address								
311 SW 27TH AVENUE 311 SW 27TH AVE MIAMI FL 33135 MIAMI FL 33135					¥UE						
								3. Date Incorporated or Qualified 04/22/1987		te of Last I	
2. Principal Place of Business			2a. Mailing Address 26				4. FEI Number Applied For S9-2827809 Not Applied For				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional			Not Applicable	
22			27				5. Certificate of Status Desired			Required	
City & State			City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip	├ ŋ '		Zip			Country		8. This corporation has liability for intangible tax under s 199.032,			
24	9. Name and Address of Curre			29 30 nt Registered Agent				Florida Statutes X Yes No 10. Name and Address of New Registered Agent			
					8	1 1	Vame	TO. Harris and Hadrons of How I	togistered	Agont	
ENCISO, ROSA MA. 311 SW 27TH AVENUE				8:	2 5	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)			
MIAMI FL 33135					8:	3					
						\perp	5				
					84		Dity		FL	_ ' '	Zip Code
or registere	o agent, or both, in	the State of Florida	a. Such change w	as authorize	ed by the cor	nar pora	ned corpora	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of ch ointment a	anging its s registere	registered office id agent. I am
SIGNATURE:	n, and accept the ob	oligations of, Section	on 607.0505, Flori	da Statutes							
	Signature, typed or printed n			(NO	TE: Registered Ag	ent siç	gnature requires		DATE		
12.	-р	OFFICERS AND		DELETE	13.			ADDITIONS/CHANGES TO OFF		D DIRECTO	
NAME	CHIARI, RICARDO					1.2 NAME 1.3 STREET ADDRESS				[_] Criange	[] Youtton
STREET ADDRESS	311 SW 27TH AVE				1.3 STREE						
CITY-ST-ZIP	MIAMI FL				1.4 CITY-		IP				
TITLE	S Enciso, Rosa	A MA		DELETE	2 1 TITLE					Change	☐ Add/tion
NAME STREET ADDRESS	311 SW 27TH AVENUE			2 2 NAME 2.3 STREE			puree				
CITY-ST-ZIP	MIAMI FL				2.4 DITY-		!				
TITLE	Ţ			DELETE	3 1 TITLE	_	<u> </u>			Change	☐ Addition
NAME	SALAZAR, MAF				3.2 NAMÉ						
STREET ADDRESS	311 SW 27TH . MIAMI FL	AVENUE			3.3 STREE	ET AD	ORESS				
TITLE	AS)ELETE	3.4 C(TY - 4. 1 T(TLE		IP -			FT Change	- Ladina
NAME	MUXO, MARIA	LUISA	ш.	LLLIL	4. 1 MILE 4.2 NAME		Ì			☐ Change	☐ Addition
STREET ADDRESS	311 S.W. 27TH	AVE.			4.3 STREE		DRESS				
CITY-ST-ZIP	MIAMI FL				4.4 CITY						
TITLE				ELETE	5 1 TITLE					Change	Addition
NAME					5.2 NAME						
STREET ADDRESS					53 STREE						
CITY - S1 - ZIP TITLE			<u> </u>	ELETE	54 CITY - 6 1 TITLE		IP -			Change	☐ Addition
NAME			٠.		62 NAME				ı	n.m.n/s	☐ Addition
STREET ADDRESS					6.3 STREE		DRESS				
CITY-ST-ZIP					6.4 CITY -	ST - Z	Р				
certify that I	trie information indici	ated on this annua ctor of the corpora	if report or supplei ation or the receivi	mental annu er or trustee	ial report is tr empowered	นค ล	ınd accurate	r the exemption stated in Section 119 a and that my signature shall have the report as required by Chapter 607, Fi	eama land	l offant ac i	if made under

SIGNATURE:

ME OF SIGNING OFFICER OF DIRECTOR

4/10/96 (305)649-0442