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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M42443 (5)

1. Corporation Name
GABLES COURT PROFESSIONAL CENTER, INC.

Principal Place of Business

6915 RED ROAD
SUITE 204
CORAL GABLES FL 33143-3654

Mailing Address

6915 RED ROAD
SUITE 204
CORAL GABLES FL 33143-3654

3. Date Incorporated or Qualified
12/01/1986

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 730 S. Dixie
Suite, Apt. #, etc.

22 Miami, Fla.
City & State

23 Zip
33143

25 Country

2a. Mailing Address

26 6915 Red Rd.
Suite, Apt. #, etc.

27 Coral Gables, Fla.
City & State

28 Zip
33143

29 Country

4. FEI Number

59-2744737

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 s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

TAHA, SAMIR
6915 RED ROAD
SUITE 204
CORAL GABLES FL 33143

10. Name and Address of New Registered Agent

81 Name Samir TAHA
82 Street Address (P.O. Box Number is Not Acceptable)
6915 Red Rd. # 215A
83 Coral Gables, Fl
84 City
FL 85 Zip Code
33143

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME TAHA, SAMIR
STREET ADDRESS 6915 RED ROAD SUITE 204
CITY-ST-ZIP CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAMIR TAHA
1.2 NAME
1.3 STREET ADDRESS 6915 Red Rd. #215A
1.4 CITY-ST-ZIP CORAL Gables, Fl. 33143

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

Date

Daytime Phone #

CR2E034 (9/96)