

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M42452** (6)

1. Corporation Name  
**GABLES TRADING, INC.**



Principal Place of Business: **1110 BRICKELL AVE. SUITE 804 MIAMI FL 33131**  
Mailing Address: **1110 BRICKELL AVE. SUITE 804 MIAMI FL 33131**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21   State, Apt. #, etc.	26   State, Apt. #, etc.	<b>12/01/1986</b>	<b>02/22/1995</b>
22   City & State	27   City & State	4. FEI Number	Applied For Not Applicable
23   Zip	28   City & State	<b>59-2748230</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24   Country	29   Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
25   Country	30   Country	10. Name and Address of New Registered Agent	

**WEISS, GARY H.  
1110 BRICKELL AVE. SUITE 804  
MIAMI FL 33131**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.503, 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 provisions of, Section 607.0502, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>VD AMRAM, LEON</b>	<input type="checkbox"/> DELETE	13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: <b>1110 BRICKELL AVE. #804 MIAMI FL</b>		13.2 NAME:	
12.3 CITY, STATE, ZIP: <b>MIAMI FL</b>		13.3 STREET ADDRESS:	
12.4 TITLE: <b>PST</b>	<input type="checkbox"/> DELETE	13.4 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: <b>WEISS, GARY</b>		13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS: <b>1110 BRICKELL AVE. #804 MIAMI FL</b>		13.6 NAME:	
12.7 CITY, STATE, ZIP: <b>MIAMI FL</b>		13.7 STREET ADDRESS:	
12.8 TITLE: <b>D</b>	<input type="checkbox"/> DELETE	13.8 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME: <b>WEISS, GARY</b>		13.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS: <b>1110 BRICKELL AVE. #804 MIAMI FL</b>		13.10 NAME:	
12.11 CITY, STATE, ZIP: <b>MIAMI FL</b>		13.11 STREET ADDRESS:	
12.12 TITLE: <b>D</b>	<input type="checkbox"/> DELETE	13.12 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME: <b>AMRAM, JAK</b>		13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS: <b>1110 BRICKELL AVE. #804 MIAMI FL</b>		13.14 NAME:	
12.15 CITY, STATE, ZIP: <b>MIAMI FL</b>		13.15 STREET ADDRESS:	
12.16 TITLE:	<input type="checkbox"/> DELETE	13.16 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME:		13.17 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS:		13.18 NAME:	
12.19 CITY, STATE, ZIP:		13.19 STREET ADDRESS:	
12.20 TITLE:	<input type="checkbox"/> DELETE	13.20 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 NAME:		13.21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS:		13.22 NAME:	
12.23 CITY, STATE, ZIP:		13.23 STREET ADDRESS:	
12.24 TITLE:	<input type="checkbox"/> DELETE	13.24 CITY, STATE, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25 NAME:		13.25 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.26 STREET ADDRESS:		13.26 NAME:	
12.27 CITY, STATE, ZIP:		13.27 STREET ADDRESS:	

14. I 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 registered agent 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: \_\_\_\_\_ DATE: **2/3/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Leon Amram** **305-599-3443**

CR2E034 (12/95)