


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13073** (4)
1. Corporation Name
GABLES POINT III CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O MIAMI MANAGEMENT, INC 14275 SW 142ND AVENUE MIAMI FL 33186 US		Mailing Address C/O MIAMI MANAGEMENT, INC 14275 SW 142ND AVENUE MIAMI FL 33186 US		3. Date Incorporated or Qualified 01/21/1986	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-2629077	
22 City & State 23		27 City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 25 Country		29 Zip 30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TRIAY, CARLOS 999 PONCE DE LEON BLVD STE 1110 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	STD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CORREA, RAUL L			1.2 NAME	RUIZ, ANA		
STREET ADDRESS	8860 SW 45 LN #5			1.3 STREET ADDRESS	6860 SW 45 LANE #8		
CITY-ST-ZIP	MIAMI FL 33155			1.4 CITY-ST-ZIP	MIAMI FL 33155		
TITLE	VPO	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VPO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SORDO, CESAR			2.2 NAME	SORI, HENRY F.		
STREET ADDRESS	6840 SW 45 LN #9			2.3 STREET ADDRESS	6865 SW 45 LANE #6		
CITY-ST-ZIP	MIAMI FL 33155			2.4 CITY-ST-ZIP	MIAMI FL 33155		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALONSO, MARIA			3.2 NAME			
STREET ADDRESS	6840 SW 45 LN #3			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33155			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: *Haw-J. Almeida - President* 4/20/98 305-378-0130

CR2E037 (10/97)