

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000000358 (0)**  
1. Corporation Name  
**GABLES TERRACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **2351 S.W. 37TH AVE. MIAMI FL 33145**  
Mailing Address: **2351 S.W. 37TH AVE. MIAMI FL 33145**

3. Date Incorporated or Qualified: **01/24/1995**  
3a. Date of Last Report  
4. FEI Number: **650362324**  
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

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

9. Name and Address of Current Registered Agent  
**LAMAR, LUIS**  
**2351 S.W. 37TH AVE.**  
**MIAMI FL 33145**

10. Name and Address of New Registered Agent  
81. Name: **MURAI, WALD, BIONDO & MORENO**  
82. Street Address (P.O. Box Number is Not Acceptable): **900 Ingraham Building**  
83. **25 S.E. 2nd Avenue**  
84. City: **Miami,** FL 85. Zip Code: **33131**

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: *[Signature]* **RENE V. MURAI - President** DATE: **3/18/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LAMAR, LUIS	
STREET ADDRESS	2351 S.W. 37TH AVE.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, J R	
STREET ADDRESS	2351 S.W. 37TH AVE.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	CARILLO, OSVALDO	
STREET ADDRESS	2351 S.W. 37TH AVE.	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alejandro H. Sosa	
1.3 STREET ADDRESS	2299 S.W. 37th Avenue, 4th Floor	
1.4 CITY-ST-ZIP	Miami, Florida 33145	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Antonio O. Fraga	
2.3 STREET ADDRESS	2299 S.W. 37th Avenue, 4th Floor	
2.4 CITY-ST-ZIP	Miami, Florida 33145	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Victor Vargas I.	
3.3 STREET ADDRESS	1221 Brickell Avenue	
3.4 CITY-ST-ZIP	Miami, Florida 33131	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Director** DATE: **2/28/96** (305) 443-2508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)