

FILE NOW: FILING FEE \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90261 009 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1998 1999

DOCUMENT # N95000000358 (0)

1. Corporation Name

GABLES TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2351 S.W. 37TH AVE.
MIAMI FL 33145

2351 S.W. 37TH AVE.
MIAMI FL 33145

3. Date Incorporated or Qualified

01/24/1995

4. FEI Number

65-0362324

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address
2299 SW 37th Avenue

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.
4th floor

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

22. City & State

27. City & State
Miami, Fl.

7. Is this nonprofit corporation a homeowners association?

Yes No

23. Zip

Country

28. Zip
33145

Country

30. Miami Dade

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

MURAI, WALD B
900 INGRAHAM BUILDING
25 SW 2ND AVE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

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 DELETE
NAME OP
STREET ADDRESS SOSA, ALEJANDRO H
CITY - ST - ZIP 2299 SW 37TH AVE 4TH FLOOR
MIAMI FL

TITLE DELETE
NAME D
STREET ADDRESS FRAGA, ANTONIO O
CITY - ST - ZIP 2299 SW 37TH AVE 4TH FLOOR
MIAMI FL

TITLE DELETE
NAME D
STREET ADDRESS VARGAS, VICTOR I
CITY - ST - ZIP 1221 BRICKELL AVE
MIAMI FL

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

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

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

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

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Antonio O Fraga

4-21-99

305 443 2508