

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000036789 (4)

1. Corporation Name

NORTH GABLES PROPERTIES, INC.



Principal Place of Business

336 SEVILLA AVE.
SUITE 102
CORAL GABLES FL 33134
US

Mailing Address

336 SEVILLA AVE.
SUITE 102
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified
05/21/1993

3a. Date of Last Report
02/07/1995

2. Principal Place of Business

2a. Mailing Address

21 340 MINORCA AV.

26 340 MINORCA AV. # 7

22 Suite, Apt., etc.

27 Suite, Apt., etc.

23

CITY & STATE
CORAL GABLES FL

28 CITY & STATE
CORAL GABLES FL

24 Zip

25 Country
DADE

29 Zip

30 Country
DADE

4. FEI Number
65-0413199

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

REBOREDO, GASTON
336 SEVILLA AVE.
SUITE 102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name REBOREDO, GASTON
82 Street Address (P.O. Box Number is Not Acceptable) 340 MINORCA AV.
83 SUITE 7
84 City CORAL GABLES FL 85 Zip Code 33134

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]

GASTON REBOREDO

DATE

1/22/96

12. OFFICERS AND DIRECTORS

TITLE	DVD	<input type="checkbox"/> DELETE
NAME	REBOREDO F., GASTON	
STREET ADDRESS	336 SEVILLA AVE #102 340 MINORCA AV. #7	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	REBOREDO, GASTON	
STREET ADDRESS	336 SEVILLA AVE #102 340 MINORCA AV. #7	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	REBOREDO, REBECA	
STREET ADDRESS	336 SEVILLA AVE. SUITE 102	
CITY-ST-ZIP	CORAL GABLES FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VP, D MARINA REBOREDO
3.3 STREET ADDRESS	340 MINORCA AVE. SUITE 7
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134
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	7000001731137
5.3 STREET ADDRESS	-03704796--01091--021
5.4 CITY-ST-ZIP	***200.00
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 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]* GASTON REBOREDO 1/22/96 (205)567-0488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE SYSTEMS PHONE #

CR2E034 (12/95)

[Handwritten initials]
33134