FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:15

DOCUMENT # P93000052753 (9)

1. Corporation Name
WEST GABLES MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
11200 W. FLAGLE ST. STE. 213 MIAMI FL 33174 US	P. O. BOX 651612 MIAMI FL 33265-1612 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
07/28/1993	06/17/1994

2. Principal Place of Business	2a. Mailing Address
21 5715 West 20 Ave.	26
Suite, Apt. #, etc. 22 Hialeah, FL	Suite, Apt. #, etc. 27 5715 W. 20 Ave.
City & State 23 33012	City & State 28 Hialeah, FL.
Zip / Country 24 / 25 USA	Zip / Country 29 33012 / 30 USA

4. FEI Number: 65-0426553 — 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

GARCIGA, ILEANA
19910 NW 62 AVE.
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name: Ileana Garciga
82 Street Address (P.O. Box Number is Not Acceptable): 5715 West 20 Avenue
83 Hialeah, FL 33012
84 City: FL — 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	CRUZ, LUIS JR	1.2 NAME	Cruz, Luis JR	
STREET ADDRESS	2260 SW 8TH STREET	1.3 STREET ADDRESS	5715 W. 20 Ave.	
CITY-ST-ZIP	MIAMI FL 33135	1.4 CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CRUZ, CLARIBEL L	2.2 NAME	Cruz, Claribel L.	
STREET ADDRESS	2260 SW 8TH STREET	2.3 STREET ADDRESS	5715 W. 20 Ave.	
CITY-ST-ZIP	MIAMI FL 33135	2.4 CITY-ST-ZIP	Hialeah, FL 33012.	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Luis Alberto Cruz — 558-4811.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0432078 FP