

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 28 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P94000024596 (6)**

1. Corporation Name:  
**GABLES CONNECTION CORPORATION**



Principal Place of Business      Mailing Address  
**8051 NW 36ST  
614  
MIAMI FL 33166  
US**      **8051 NW 36ST  
614  
MIAMI FL 33166-6626  
US**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**03/31/1994**      **06/17/1996**

2. Principal Place of Business      2a. Mailing Address

4. FEI Number      Applied For  
**65-0479282**      Not Applicable

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

22. City & State      27. City & State

6. Election Campaign Financing Trust Fund Contribution            **\$5.00 May Be Added to Fees**

23. Zip      Country      28. Zip      Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

24.      25.      29.      30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROTH, LEONARDO A  
9350 S. DIXIE HWY.  
PENTHOUSE 2  
MIAMI FL 33156**

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 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 typed on this form of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>DELLA PENNA, PIETRO ANTONIO</b>	
STREET ADDRESS	<b>8051 M.W. 36ST SUITE 614</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DELLA PENNA, PIETRO ANTONIO</b>	
STREET ADDRESS	<b>8051 MW 36ST SUITE 614</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
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		

1.1 TITLE	<b>Manager</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Joaquin Cortada</b>	
1.3 STREET ADDRESS	<b>8051 W.W. 36st Suite #614</b>	
1.4 CITY - ST - ZIP	<b>Miami, FL 33166</b>	
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 type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 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: **Joaquin Cortada**      **Joaquin Cortada**      **1-20-97**      **(305)594-7669**

CR2E034 (9/96)