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 # **P94000063961 (4)**

1. Corporation Name

EAST GABLES PROPERTIES, INC.

Principal Place of Business	Mailing Address
336 SEVILLA AVE. SUITE 102 CORAL GABLES FL 33134	336 SEVILLA AVE. SUITE 102 CORAL GABLES FL 33134

2. Principal Place of Business	2a. Mailing Address
21 340 MINORCA AV.	26 340 MINORCA AV.
22 Suite, Apt. #, etc. 7	27 Suite, Apt. #, etc. 7
23 City & State CORAL GABLES FL	28 City & State CORAL GABLES
24 Zip 33134 25 Country DADE	29 Zip 33134 30 Country DADE

3. Date Incorporated or Qualified: 08/30/1994
3a. Date of Last Report: 02/08/1995

4. FEI Number: 65-0517234 ☐ 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 JR.
336 SEVILLA AVE.
SUITE 102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: REBOREDO, GASTON JR.
82 Street Address (P.O. Box Number is Not Acceptable): 340 MINORCA AV.
83 SUITE 7
84 City: CORAL GABLES FL 85 Zip: 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: GASTON REBOREDO JR. 1/22/96
(Corporate Registered Agent Signature Required When Changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D ☐ DELETE	11 TITLE	D,VP,S ☒ Change ☐ Addition
12 NAME	REBOREDO, GASTON JR.	12 NAME	REBOREDO, GASTON JR.
13 STREET ADDRESS	336 SEVILLA AVE., SUITE 102	13 STREET ADDRESS	340 MINORCA AV. #7
14 CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP	CORAL GABLES, FL 33134
21 TITLE	☐ DELETE	21 TITLE	P,D,T ☐ Change ☒ Addition
22 NAME		22 NAME	REBOREDO, GASTON SR.
23 STREET ADDRESS		23 STREET ADDRESS	340 MINORCA AV. #7
24 CITY-ST-ZIP		24 CITY-ST-ZIP	CORAL GABLES, FL 33134
31 TITLE	☐ DELETE	31 TITLE	VP,D ☐ Change ☒ Addition
32 NAME		32 NAME	REBOREDO, MARINA
33 STREET ADDRESS		33 STREET ADDRESS	340 MINORCA AV. #7
34 CITY-ST-ZIP		34 CITY-ST-ZIP	CORAL GABLES, FL 33134
41 TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

200001715552
-02/15/96--01048--004
***200.00

1-11-96

CR2E034 (12/95)

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: GASTON REBOREDO JR. 1/22/96 (305)5670488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #