

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 # P94000063961 (4)

1. Corporation Name  
EAST GABLES PROPERTIES, INC.



Principal Place of Business  
340 MINORCA AVE.  
SUITE 7  
CORAL GABLES FL 33134

Mailing Address  
340 MINORCA AVE.  
SUITE 7  
CORAL GABLES FL 33134-4320

3. Date Incorporated or Qualified  
08/30/1994

3a. Date of Last Report  
02/11/1996

2. Principal Place of Business  
21 2501 BRICKELL AV.

2a. Mailing Address  
26 2501 BRICKELL AV.

4. FEI Number  
65-0517234

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 APT. 701

Suite, Apt. #, etc.  
27 APT. 701

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State  
23 MIAMI FL

City & State  
28 MIAMI FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip  
24 33129

Country  
25 USA

Zip  
29 33129

Country  
30 USA

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.  
340 MINORCA AVE.  
SUITE 7  
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)  
1107 AQUANA AV.  
83  
84 City CORAL GABLES FL 85 Zip Code 33146

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*

1/17/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	REBOREDO, GASTON JR.	
STREET ADDRESS	340 MINORCA AVE., SUITE 7	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	GASTON, ROBEREDO SR	
STREET ADDRESS	340 MINORCA AVE., #7	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ROBEREDO, MARINA	
STREET ADDRESS	340 MINORCA AVE., #7	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REBOREDO, GASTON JR	
1.3 STREET ADDRESS	1107 AQUANA AV.	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
2.1 TITLE	D.T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REBOREDO, GASTON SR.	
2.3 STREET ADDRESS	2501 BRICKELL AV. APT. 701	
2.4 CITY-ST-ZIP	MIAMI FL 33129	
3.1 TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REBOREDO, MARINA	
3.3 STREET ADDRESS	2501 BRICKELL AVE. APT. 701	
3.4 CITY-ST-ZIP	MIAMI, FL 33129	
4.1 TITLE	S, AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	REBOREDO, REBECA	
4.3 STREET ADDRESS	1107 AQUANA AV.	
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
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:

*GASTON REBOREDO JR. PRESIDENT* 1/17/97 (305)662-1799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)