


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

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Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000063961 (4)**
1. Corporation Name
EAST GABLES PROPERTIES, INC.



Principal Place of Business 2501 BRICKELL AVE. APT. 701 MIAMI FL 33129 US	Mailing Address 2501 BRICKELL AVE. APT. 701 MIAMI FL 33129 US
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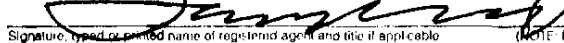
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/30/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0517234	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
REBOREDO, GASTON JR. 1107 ADVAMA AVE. SUITE 7 CORAL GABLES FL 33148		81 Name REBOREDO, GASTON JR.	
		82 Street Address (P.O. Box Number is Not Acceptable) 2566 JARDIN WAY	
		83	
		84 City WESTON FL 85 Zip Code 33327	

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/14/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	REBOREDO, GASTON JR.	1.2 NAME	REBOREDO, GASTON JR.
STREET ADDRESS	1107 ADVAMA AVE.	1.3 STREET ADDRESS	2566 JARDIN WAY
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	WESTON FL 33327
TITLE	DT	2.1 TITLE	DT
NAME	GASTON, ROBEREDO SR	2.2 NAME	GASTON REBOREDO SR.
STREET ADDRESS	2501 BRICKELL AVE., APT. 701	2.3 STREET ADDRESS	2501 BRICKELL AVE. APT-701
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33129
TITLE	VPD	3.1 TITLE	VPD
NAME	ROBEREDO, MARINA	3.2 NAME	REBOREDO, MARINA
STREET ADDRESS	2501 BRICKELL AVE., APT. 701	3.3 STREET ADDRESS	2501 BRICKELL AVE. APT-701
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33129
TITLE	SAVP	4.1 TITLE	SAVP
NAME	REBOREDO, REBECA	4.2 NAME	REBOREDO, REBECA
STREET ADDRESS	1107 ADVAMA AVE.	4.3 STREET ADDRESS	2566 JARDIN WAY
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	WESTON FL 33327
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: 

1-12-98 (954) 385-8078

CR2E034 (10/97)