

P95000008532

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

400001890804
01/26/95-01115-016
***122.50 ***122.50

SUBJECT: GABLES EXECUTIVE REALTY INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: CARLOS LOSADA
Name (printed or typed)

633 ALMERIA AV
Address

CORAL GABLES, FL 33134
City, State & Zip

305-446-9131
Daytime Telephone number

P95000008532

TM
2-1-95
02/A

FILED
95 JAN 26 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

FILED
95 JAN 26 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

GABLES EXECUTIVE REALTY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*4105 PONCE DE LEON BLV.
CORAL GABLES, FL. 33134*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*4105 PONCE DE LEON BLV.
CORAL GABLES, FL. 33134*

CARLOS LOSADA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

CARLOS LOSADA (PRESIDENT)
4105 PONCE DE LEON BLV
CORAL GABLES, FL. 33134

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24TH day of JANUARY, 19 95.

Carlos Losada PRESIDENT

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
95 JAN 26 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: GABLES EXECUTIVE REALTY INC.

2. The name and address of the registered agent and office is:

CARLOS LOSADA

(Name)

4105 PONCE DE LEON BLV

(P.O. Box not acceptable)

CORAL GABLES, FL 33134

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Carlos Losada

(Signature)

01-24-95

(Date)

P9500000 8532

____ CARLOS LOSADA _____
____ 633 ALMERIA AV _____
____ COASL GABLES, FL 33134 _____

(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

FILED
95 OCT 10 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

P9500000 8532

out
RAC
10-10-95

500001605405
-10/11/95--01003--024
*****35.00 *****35.00

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: GABLES EXECUTIVE REALTY INC.

1b. The mailing address of the corporation is: 2355 SALZEDO ST, #301 CORAL GABLES, FL 33134

1c. Date of incorporation: FEB. 1ST, 1955 Document number: P95 000008532

2. The name and address of the current registered agent and office:

CARLOS LOSADA
4105 PONCE DE LEON BLV.
CORAL GABLES, FL 33134

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

CARLOS LOSADA
2355 SALZEDO ST, #301
CORAL GABLES, FL. 33134

FILED
55 OCT 10 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Signature of an officer, chairman or vice chairman of the board

08/25/95 (Date)

CARLOS LOSADA PRESIDENT (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Signature of Registered Agent

08/25/95 (Date)

If signing on behalf of an entity:

CARLOS LOSADA (Typed or Printed Name)

PRESIDENT (Capacity)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

96 NOV 11 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000008532

1. Corporation Name
GABLES EXECUTIVE REALTY INC.

Principal Place of Business

2355 SALZEDO STREET, SUITE 301
CORAL GABLES FL 33134

Mailing Address

2355 SALZEDO STREET, SUITE 301
CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	LOSADA, CARLOS	1105 PRINCE DE LEON BLVD 2355 SALZEDO ST #301	CORAL GABLES FL 33134
P/V/S			

REINSTATEMENT 900

4. Date Incorporated or Qualified To Do Business in Florida 01/28/1995

5. FEI Number 65-0553372

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

LOSADA, CARLOS
2355 SALZEDO STREET, SUITE 301
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

B11-18-96

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Carlos Losada

State FL

Zip Code

REGISTERED AGENT MUST SIGN

Date 10/29/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Carlos Losada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/96 305-446-9191
Date Daytime Phone #