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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000008532 (0)

GABLE	ES EXECUTIVE REALTY IN	ic.	,					
Principal Plac	ce of Business	Mailing Address					#11 88	
% 2355 SALZEDO STREET, SUITE 301 CORAL GABLES FL 33134		% 2355 SALZEDO STREET. SUITE 301 CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
A Original C	Diago of Punispen	2a. Mailing Address			01/26/1995 4. FEI Number		T: :: : : : :	
2. Principal Place of Business		26. Mailing Adoress			•••••••	ŀ	Applied Fo	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			65-0553372 5. Certificate of Status Desired		Not Applie 75 Addition	
22		27			G. COMMODIO OF CHARGE EXCENTION	F	Fee Required	
City & Sta	te	City & State			6. Election Campaign Financing Trust Fund Contribution	•	5.00 May Be	
Zip 24	Country 25	Zip 29	30 Cou	ntry	This corporation owes or has paid the Personal Property Tax due June 30.	current ye		
	g. Name and Address of Curi	rent Registered Agent			10. Name and Address of New Register	ed Agent		
23	OSADA, CARLOS 55 S ALZEDO STREET, SUITE :	301		81 Name82 Street Ad	Idress (P.O. Box Number is Not Acceptable)			
CC	DRAL GABLES FL 33134			63			 _	
				84 City		85	Zip Code	
office or agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the ob-	ate of Florida. Such change wa	as authorized	d by the corpor	prporation submits this statement for the purpos ration's board of directors. I hereby accept the	e of chan	ging its regist ent as register	
SIGNATURE	Signature, typed or pricted name of registered	agent and stir if applicable (f	NO1E: Registered	Agent signature rec	quired when reinstating) DAT	E		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PVS	DELETE	1.1 10			☐ Cf	hange 🔲 Ad	
NAME LOSADA, CARLOS			1.2 NA	ME				
emper appage 2355 SAI 7FDO ST #301				DEET ADDRESS !				

FILED Apr 28 1998 8:00am Secretary of State



Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

			84	City		FL	85 Zip	Code
office or r	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida Suct m familiar with, and accept the obligations of Section	h change was auth	norized by t	named corporation the corporation's bo	submits this stateme pard of directors. I he	nt for the purpose of	changing it ointment as	ts registered registered
SIGNATURE	Signature, typed or prodect name of registered agest and plic if applicat	de (NO)E Br	nistered Agen	signature required when re	einstation)	DATE		
12.	OFFICERS AND DIRECTORS		13.		DDITIONS/CHANGES		DIRECTOR	RS IN 12
TITLE	PVS	DELETE	1.1 TITLE			<u> </u>	Change	☐ Addition
NAME	LOSADA, CARLOS		1.2 NAME					
STREET ADDRESS	2355 SALZEDO ST. #301		1.3 STREET A	DORESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST	ZIP				ì
TITLE		DELETE	21 TITLE				Change	Addition
NAME			2.2 NAME					}
STREET ADDRESS			2.3 STREET A	DDRESS]
CITY-ST-ZIP			2. 4 CITY - ST	- ZIP				
TITLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					ì
STREET ADDRESS			3.3 STREET A	DDRESS				ľ
CITY-ST-ZIP			3.4. CITY-ST	- ZIP				
TITLE		DELÉTE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					Ī
STREET ADDRESS			4.3 STREET A	DDRESS				
CITY-ST-ZIP			4.4 CITY-ST-	ZIP				
TITLE	·	DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					İ
STREET ADDRESS			5.3 STREET A	DORESS				1
CITY-ST-ZIP			5.4 CITY-ST	ZIP			_	
TITLE	· -	DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					ĺ
STREET ADDRESS			6.3 STREET A	ODRESS				İ
CMY-ST-ZIP			6.4 CITY-ST-					
14. Thereby o	ertify that the information supplied with this filing doc	es not qualify for th	ne exemption	on stated in Section	119.07(3)(i), Florida	Statutes. I further ce	rtify 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.