## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037016 (9)

THE GABLES GROUP, INC.

Principal Place of Business

Mailing Address

## FILED Sep 22 1997 8:00am Secretary of State



| 1720 S.W. 57TH AVE.<br>MIAMI FL 33155 |  | 1720 S.W. 57TH AVE.<br>Miami Fl 33155 |                              |   | ••   |                           |                               |  |
|---------------------------------------|--|---------------------------------------|------------------------------|---|--|---------------------------|-------------------------------|--|
|                                       |  |                                       |                              |   | DO NOT WRITE   | IN THIS SPACE             | -<br>-                        |  |
|                                       |  |                                       |                              | 3.  | Date Incorporated or Qualified 05/08/1995                          | 3a. Date of L<br>05/01/19 | .,                            |  |
|                                       | Place of Business  | 2a. Mailing Address                   |                              |   | FEI Number   | <u> </u>                  | Applied For                   |  |
| 21 195C                               | NW 88 CRT  | 26 1950 NU                            | JBB ex                       | $\mathcal{F}$   | 65-0635488   |                           | Not Applicable                |  |
| Suite, Apt.                           | #, etc.  | Suite, Apt. #, etc.                   |                              |   | Certificate of Status Desired                                      |                           | .75 Additional<br>ee Required |  |
| City & State                          | MI, FL.  | City & State  28 MIAME, 1             | Ξ,,                          | <b>I</b>  | Election Campaign Financing<br>Trust Fund Contribution             |                           | .00 May Be                    |  |
| Zip<br>24 <b>3</b> 3 / 7              | 72 25 DASE   | 29 33/72 3                            | Country<br>30 DADE           |   | This corporation owes or has pai<br>Personal Property Tax due June | 30.                       | er Intangible  No             |  |
|                                       | 9, Name and Address of Current   | Registered Agent                      |                              |   | Name and Address of New Re   | alstered Agent            |                               |  |
|                                       | NTERO, RAOUL G   |                                       | 81 Name                      | 9   |  |                           |                               |  |
| 1720 S.W. 57TH AVE.<br>MIAMI FL 33155 |  |                                       |                              | 82 Street Address (P.O. Box Number is Not Acceptable) |  |                           |                               |  |
|                                       |  |                                       | 63                           |   |  |                           |                               |  |
|                                       |  |                                       | 84 City                      |   |  | les l                     | Zip Code                      |  |
|                                       |  |                                       |                              |   |  | FL 85                     | ·                             |  |
| 11. Pursuant to                       | to the provisions of Sections 607.0502 egistered agent, or both, in the State of | and 607.1508, Florida Statutes        | s, the above-named           | d corporation   | submits this statement for the p                                   | urpose of chang           | ing its registered            |  |
| agent. I a                            | m familiar with, and accept the obliga-  | tions of, Section 607.0505, Flori     | ida Statutes.                | ipolation 3 bt  | our directors. Thereby accep                                       | t trie appointme          | it as registered              |  |
| SIGNATURE                             |  |                                       |                              |   |  |                           |                               |  |
| <del>}</del>                          | Signature, typed or printed name of registured agent                             |                                       | Registered Agent signature   |   |  | DATE                      |                               |  |
| 12.                                   | OFFICERS AND   | DELETE                                | 13.                          | Al  | DDITIONS/CHANGES TO OFFIC  |                           |                               |  |
| NAME                                  | CANTERO, RAOUL G   | C) bittic                             | 1.1 TITLE<br>1.2 NAME        |   |  | L Uni                     | ange 🔲 Addition               |  |
| STREET ADDRESS                        | 1200 MARIPOSA AVE., #D201  |                                       |                              |   |  |                           |                               |  |
| CITY-ST-ZIP                           | CORAL GABLES FL 33134  |                                       | 1.3 STREET ADDRESS           |   |  |                           | ļ                             |  |
| TITLE                                 | D  | DELETE                                | 1.4 CITY-ST-ZIP<br>2.1 TITLE | <del> </del>  |  | Cha                       | ange Addition                 |  |
| NAME                                  | FOCH, JORGE  |                                       | 2.2 NAME                     |   |  |                           | ingo Li Addition              |  |
| STREET ADDRESS                        | 7485 W. 32ND LANE  |                                       | 23 STREET ADDRESS            |   |  |                           |                               |  |
| CITY-ST-ZIP                           | HIALEAH FL 33016   |                                       | 2 4 CITY-ST-ZIP              |   |  |                           |                               |  |
| TITLE                                 | <del></del>  | DELETE                                | 31 TITLE                     | <del>                                     </del>      |  | Cha                       | ange Acdition                 |  |
| NAME                                  |  |                                       | 3.2 NAME                     |   |  |                           |                               |  |
| STREET ADDRESS                        |  |                                       | 3.3 STREET ADDRESS           |   |  |                           |                               |  |
| CITY-ST-ZIP                           |  |                                       | 3.4. CITY-ST-ZIP             |   |  |                           |                               |  |
| TITLE                                 |  | DELETE                                | 4.1 TITLE                    |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                             | ☐ Cha                     | ange Acdition                 |  |
| NAME                                  |  |                                       | 4. 2 NAME                    | 1   |  |                           |                               |  |
| STREET ADDRESS                        |  |                                       | 4.3 STREET ADDRESS           |   |  |                           |                               |  |
| CITY-ST-ZIP                           |  |                                       | 4.4 CITY-ST-ZIP              | 1   |  |                           |                               |  |
| TITLE                                 |  | DELETE                                | 5.1 TITLE                    |   |  | Cha                       | inge Addition                 |  |
| NAME                                  |  |                                       | 5.2 NAME                     |   |  |                           |                               |  |
| STREET ADDRESS                        |  |                                       | 5 3 STREET ADDRESS           |   |  |                           | ļ                             |  |
| CITY-ST-ZIP                           |  |                                       | 5.4 CITY-ST-ZIP              | <u> </u>  |  |                           |                               |  |
| TITLE                                 |  | DELETE                                | 6.1 TITLE                    | ]   |  | Cha                       | inge Addition                 |  |
| NAME                                  |  |                                       | 6.2 NAME                     | -   |  |                           | 1                             |  |
| STREET ADDRESS                        |  |                                       | 6.3 STREET ADDRESS           |   |  |                           |                               |  |
| CITY-ST-ZIP                           | nu partifu that the information assurated  | 30 (1.5 (1))                          | 6.4 CITY-ST-ZIP              | 1   | 440.07(0)(1)   |                           |                               |  |

4. 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 trusted 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, do on an attachment with an address.

CICKLATURE.

ONOD.

0/10/07