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FILED
May 08 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 # **A-96000 38980**
 1. Corporation Name

Gables Investment Associates, Inc.
5757 N.W. 11 Street, Suite 160
Miami, FL 33126

3. Date Incorporated or Qualified **May 1, 1976** 3a. Date of Last Report **N/A**

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Same As #1: 26 Suite Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

Ralph Rocheteau
5757 N.W. 11 Street, Suite 160
Miami, FL 33126-2035

10. Name and Address of New Registered Agent

81 Name **Not applicable**

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

83

84 City **FL** 85 Zip Code

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: *Ralph Rocheteau* DATE: **April 22, 1997**

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **Ralph Rocheteau D**

STREET ADDRESS **5757 N.W. 11 Street, Suite 160**

CITY-STATE-ZIP **Miami, FL 33126**

TITLE DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition

12 NAME **Richard W. Clark p/D**

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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*****165.00**

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 is stated 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: *Richard W. Clark* **Richard W. Clark** DATE: **4/22/97** (305) 665-6899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)