

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P96000072824</u>					
1. Corporation Name <u>Gables Renaissance Center, Inc.</u>					
Principal Place of Business <u>2414 CORAL Way</u> <u>Miami, FL 33145</u>			Mailing Address <u>2414 CORAL Way</u> <u>Miami, FL 33145</u>		
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified <u>9-3-96</u>
21			26		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		4. FEI Number <u>65-0891427</u>
22			27		
City & State			City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
23			28		
Zip			Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
24			29		
Country			Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<u>MARY Jane Hague</u> <u>2414 Coral Way</u> <u>Miami, FL 33145</u>					
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			<u>FL</u>		
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 <u>[Signature]</u> DATE <u>4-25-97</u>					
Signature, typed or printed name of registered agent and filer's applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE ☐ Change ☐ Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE ☐ Change ☐ Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE ☐ Change ☐ Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE ☐ Change ☐ Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE ☐ Change ☐ Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE ☐ Change ☐ Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
900002185879 -05/21/97--01003--012 ***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 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:

4-25-97