

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 STATE: \$750.)

APPROVED
 AND
 FILED.

1997 DEC -8 AM 9:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION
 ANNUAL REPORT
 1997

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

DOCUMENT # P96000074909 (8)
 1. Corporation Name
 GABLES STAFFING COMPANY, INC.

Principal Place of Business Mailing Address
 5872 WEST FLAGLER ST 5872 WEST FLAGLER ST
 MIAMI FL MIAMI FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 4750 NW 7 ST. 26 4750 NW 7 ST.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 Miami, FL 28 Miami, FL
 Zip Zip Country Country
 24 33126 25 33126 30

3. Date Incorporated or Qualified 3a. Date of Last Report
 09/10/1996
 4. FEI Number 65-0694577 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 owes or has paid the current year Intangible
 Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 PENA, OVIDIO
 5872 WEST FLAGLER ST
 MIAMI FL

10. Name and Address of New Registered Agent
 81 Name Ovidio Peña
 82 Street Address (P.O. Box Number is Not Acceptable)
 4750 NW 7 STREET
 83
 84 City Miami FL 85 Zip Code 33126

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE *[Signature]* DATE 9-16-97
Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	President
NAME	PENA, OVIDIO	1.2 NAME	Ovidio Peña
STREET ADDRESS	13456 NW 8TH ST	1.3 STREET ADDRESS	13456 NW 8TH ST.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL
TITLE	VSB	2.1 TITLE	
NAME	FERNANDEZ, MARIA L	2.2 NAME	
STREET ADDRESS	9974 SW 31ST TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	ZEQUEIRA, JUAN C	3.2 NAME	
STREET ADDRESS	898 NW 45TH AVENUE STE 13	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 ***750.00 ***750.00

REINSTATEMENT

[Signature]
 12/10/97

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.

CR2E034 (4/97)