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PROFIT CORPORATION ANNUAL REPORT

Block 12 or Block 13 if changed,

SIGNATURE

on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P96000080168 (3) DOCUMENT #

GABLES BUILDING INVESTMENTS, INC.

Mailing Address

FILED Jan 28 1998 8:00am Secretary of State



444.7318

Principal Place of Business 350 MIRACLE MILE 350 MIRACLE MILE CORAL GABLES FL 33134 CORAL GABLES FL 33134 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0624580 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zin Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BOLANOS, JOSE A ESQ. 2121 PONCE DE LEON BLVD. 82 Street Address (P.O. Box Number Is Not Acceptable) **SUITE 1035** 83 CORAL GABLES FL 33134 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE MIRANDA, JORGE L NAME 1.2 NAME 350 MIRACLE MILE STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE LAZOFF, RICARD 2.2 NAME NAME 350 MIRACLE MILE 2.3 STREET ADDRESS STREET ADDRESS COARAL GABLES FL 2. 4 CITY - ST- ZIP CITY - ST - ZIP DELETE Change Addition Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY - ST - ZIP Change Addition DELETÉ 4.1 T TITLE ME 4.2 4.3 S EET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 T TITLE 5.21 NAME 5.3 S STREET ADDRESS REFT ADDRESS CITY-ST-ZIP DELETE 6.1 T Change Addition TITLE 62 N 6.3 S SET ADDRESS STREET ADDRESS CITY - ST - ZIP mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an is report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filling does not qualify for the exeindicated on this annual report or suppliemental annual report is true and accurate an officer or director of the corporation of the receiver or trustee empowered to execute the corporation.

Jorge