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May 09 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 # P96000083904 (8)

1. Corporation Name
RCE GABLES, INC.

Principal Place of Business
5151 COLLINS AVENUE
MIAMI BEACH FL 33140

Mailing Address
5151 COLLINS AVENUE
MIAMI BEACH FL 33140-2737



3. Date Incorporated or Qualified
10/10/1986

3a. Date of Last Report

2. Principal Place of Business
21 5151 COLLINS AVENUE
Suite, Apt. #, etc.
22 EXECUTIVE OFFICES
City & State
23 MIAMI BEACH, FL
Zip
24 33140
Country
25 USA

2a. Mailing Address
26 5151 COLLINS AVENUE
Suite, Apt. #, etc.
27 EXECUTIVE OFFICES
City & State
28 MIAMI BEACH, FL
Zip
29 33140
Country
30 USA

4. FEI Number
X 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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name STEVEN P. OPPENHEIM, ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)
3191 CORAL WAY, SUITE 800
83
84 City MIAMI FL 85 Zip Code 33145

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: Steven P. Oppenheim STEVEN P. OPPENHEIM 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	RIVA, ROBERTO	
STREET ADDRESS	5151 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	V	Change	Addition
2.2 NAME	PARAUD, FELIPE		
2.3 STREET ADDRESS	5151 COLLINS AVENUE		
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140		
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			

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: FELIPE PARAUD FELIPE PARAUD 4/29/97 305-867-9100
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)