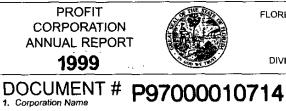
PROFIT CORPORATION ANNUAL REPORT

1999

GABLES TECHNOLOGY, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90059 015 ***150.00

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Principal Place	of Business	Mailing Address			J (GO)(64) (10 1011) 108)1 00)11 0011) 0011) 00443 (IOT 4011) 10891 (IOT 108)	
201 SOUTH BISCAYNE BLVD.		201 SOUTH BISCAYNE BLVD.				
SUITE 1402		SUITE 1402			DO NOT WRITE IN THIS CRACE	
MIAMI FL 3313	MIAMI FL 33131	3131		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2 Principal P	ace of Business	2a. Mailing Address			01/30/1997 4. FEI Number Applied For	
	ace of business	26			65-0728110 Not Applicable	
Suite, Apt.	# etc.	Suite, Apt, #, etc.	_		\$8.75 Additional	
22	, 5.5.	27			5. Certificate of Status Desired Fee Required	
City & State	e	City & State			6. Election Campaign Financing S5.00 May Be	
23		28		_	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24	25	29 30	0		Personal Property Tax. Yes Yes	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
***			81	Name		
	AULAY, ROBERT B		82	Street A	ddress (P.A. Box Nymber is Not Acceptable) 2 Southeast I hira wanve Ste 2200	
	MIAMI CENTER			One	e Southeast Third Dunive, ove 2200	
	SOUTH BISCAYNE BLVD.		83		·	
MIAI	/ii FL 33131		84	City L	Tiami FL 85 Zip Code 1	
					TIUMI FL 3313	
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 a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes.		, , ,,	
SIGNATURE						
	Signature, typed or printed name of registered agent OFFICERS AND		13.	signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P OFFICERS AND	DELETE	1.1 TITLE		Change Addition	
NAME	QUIROS, RICARDO	<u> </u>	1.2 NAME		ا ا	
STREET ADDRESS	201 SOUTH BISCAYNE BLVD. S	21 IITE 1402	1.3 STREET	ADDRESS	One SE Third Dre, Se 2200	
	MIAMI FL 33131	3011L 140Z	1.4 CITY-ST		Miami FL 3311	
CITY-ST-ZIP	ST	□ DELETE	2.1 TITLE		Change ☐ Addition	
NAME	VARGAS, MARIO		2.2 NAME		One SE Third Due, Ste 2200	
STREET ADDRESS	201 SOUTH BISCAYNE BLVD. S	RUITE 1402	2.3 STREET	ADDRESS	77.7	
CITY-ST-ZIP	MIAMI FL 33131	JOHE 1402	2. 4 CITY-ST		Miami FL JJIJI	
TITLE	VP	☐ DELETE	3.1 TITLE		Change Addition	
NAME	JENKINS, FEDERICO		3.2 NAME	1	One SE Third Due, Ste 2200	
STREET ADDRESS	201 SOUTH BISCAYNE BLVD. S	SUITE 1402	33 STREET	ADDRESS	One SE MIN CO.	
CITY-ST-ZIP	MIAMI FL 33131	JOHE 140E	3,4. CITY- \$1	r-ZIP	Miami, Fl. J3131	
TITLE	1111/11/11/12/05/10/1	☐ DELETE	41 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST	-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST	-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME	J		
STREET ADDRESS			6.3 STREET	ADDRESS		
			CARITY OF	710	1	

14. I 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, with all other like empowered.

SIGNATURE:

YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

305 - \$30 - 3111 Daytime Phone #

CR2E034 (11/98)

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