

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000069712

1. Corporation Name

GABLES TITLE, INC.

Principal Place of Business

Mailing Address

2903 Salzedo Street
Coral Gables, Florida 33134

99 NOV 15 PM 1:56

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 2903 Salzedo St.	26 2903 Salzedo St.	65-0779680	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Coral Gables, Fl.	28 Coral Gables, Fl.	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 33134	25 USA	29 33134	30 USA

9. Name and Address of Current Registered Agent

PETER R. ABESADA, ESQUIRE
2903 Salzedo Street
Coral Gables, Fl. 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of sections 607.0902 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: *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

11/11/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER R. ABESADA	1.2 NAME	
STREET ADDRESS	2903 Salzedo Street	1.3 STREET ADDRESS	300003050493--7
CITY-ST-ZIP		1.4 CITY-ST-ZIP	-11/22/99--01016--008
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	*****61-25
NAME	VICKY FREIJO, Vice Pres	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2903 Salzedo Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Fl. 33134	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/99

Daytime Phone #

CR2E034 (5/99)

RESIGNATION AS OFFICER & DIRECTOR OF

GABLES TITLE, INC.

THE UNDERSIGNED, **VICKY FREIJO**, as Vice-President, and Director of the Corporation, does hereby resign as Vice-President and Director of **GABLES TITLE, INC.**, effective immediately.

DATED this 15 day of October, 1999.



VICKY FREIJO

NOTARY CERTIFICATE

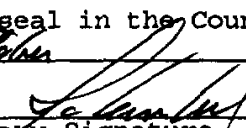
STATE OF FLORIDA

COUNTY OF MIAMI-DADE

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared VICKY FREIJO, to me known to be the person described in and who executed the above RESIGNATION AS OFFICER AND DIRECTOR OF GABLES TITLE, INC. and that he/she/they acknowledged before me that he/she/they executed the same. I relied upon the following forms of identification of the above named person(s): () Florida Driver's License (☒) Known Personally () Other: _____ and that an oath was/was not taken.

WITNESS my hand and official seal in the County and State last aforesaid this 22 day of October, 1999.

(Seal)



Notary Signature

My Commission Expires:

GABLES

