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Mar 03, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000102015**

1. Corporation Name

GABLES FINANCIAL ASSOCIATES, INC. / *Corporate NAME*
12-7-98
Change To GABLES EXCALIBUR ASSOCIATES, INC.

Principal Place of Business

Mailing Address

2600 DOUGLAS ROAD, STE. 500
CORAL GABLES FL 33134

2600 DOUGLAS ROAD, STE. 500
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1997

4. FEI Number

65-0798430

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 the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 *2600 Douglas Road*

Suite, Apt. #, etc.

22 *STE. 710*

City & State

23 *CORAL GABLES*

Zip

24 *33134*

Country

25 *US.*

2a. Mailing Address

26 *2600 Douglas Road*

Suite, Apt. #, etc.

27 *STE. 710*

City & State

28 *CORAL GABLES*

Zip

29 *33134*

Country

30 *US.*

9. Name and Address of Current Registered Agent

POZO, JUSTO L
2600 DOUGLAS ROAD, STE. 500
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

POZO, JUSTO L.

82 Street Address (P.O. Box Number is Not Acceptable)

2600 DOUGLAS ROAD, STE 710

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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

Justo L. Pozo
Signature typed or printed name of registered agent and title if applicable.

Justo Luis Pozo Director
(NOTE: Registered Agent signature required when reinstating)

1/22/99
Date

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **POZO, JUSTO L**

STREET ADDRESS **2600 DOUGLAS ROAD, STE. 500**

CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2600 DOUGLAS ROAD, STE. 710

CORAL GABLES, FL. 33134

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

Justo L. Pozo *Justo Luis Pozo, Director* *1/22/99 (305) 444-2800*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)