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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90228 005 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000039114

1. Corporation Name
GABLES I ENTERPRISES INC.

Principal Place of Business

21991 SW 97TH CT
MIAMI FL 33190

Mailing Address

21991 SW 97TH CT
MIAMI FL 33190

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3954 SW 8TH STREET
Suite, Apt. #, etc.

2a. Mailing Address

26 SAME AS ABOVE
Suite, Apt. #, etc.

23 City & State

23 CORAL GABLES, FL
Zip Country

24 33134 25 USA

27 City & State

27 3954 SW 8TH ST
City & State

28 CORAL GABLES, FL
Zip Country

29 33134 30 USA

3. Date Incorporated or Qualified

04/30/1998

4. FEI Number

65-0861977

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

9. Name and Address of Current Registered Agent

SHWANI, ADAM
21991 SW 97TH CT
MIAMI FL 33190

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

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 CORONADO, ROSA
NAME CORONADO, ROSA
STREET ADDRESS 21991 SW 97TH CT
CITY-ST-ZIP MIAMI FL 33190

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME SHWANI, ADAM
1.3 STREET ADDRESS 21991 SW 97TH CT
1.4 CITY-ST-ZIP MIAMI, FL 33190

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: X SIGNATURE REQUIRED

X 04/29/99 (305) 448.9270

Date

Daytime Phone #

CR2E034 (11/98)