

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90072 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000086022

1. Corporation Name
GABLES BANQUET HALL, INC.



Principal Place of Business 7360 CORAL WAY MIAMI FL 33155	Mailing Address 7360 CORAL WAY MIAMI FL 33155
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7360 Coralway	2a. Mailing Address 26 7360 Coral way	3. Date Incorporated or Qualified 10/07/1998	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22 19	Suite, Apt. #, etc. 27 19	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23 Miami Fl.	City & State 28 Miami Fl.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24 33155	Country 25 USA	Zip 29 33155	Country 30 USA	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SOTO, GENARO 7360 CORAL WAY MIAMI FL 33155		10. Name and Address of New Registered Agent		
81 Name	Soto Genaro			
82 Street Address (P.O. Box Number is Not Acceptable)	17221 SW 142ct.			
83 City	Miami	84 State	FL	85 Zip Code
				33177

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, JOSE	1.2 NAME	Alvarez Jose
STREET ADDRESS	7600 CORAL WAY MESA	1.3 STREET ADDRESS	13045 SW 68th Apto 208
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami Fl 33183
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, GENARO	2.2 NAME	P.D. soto Genaro
STREET ADDRESS	7360 CORAL WAY	2.3 STREET ADDRESS	17221 SW 142ct.
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	Miami Fl. 33177
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, MARITZA	3.2 NAME	VD Soto Maritza
STREET ADDRESS	13045 S.W. 68TH ST. #110	3.3 STREET ADDRESS	13045 SW 68th Apto 110
CITY-ST-ZIP	MIAMI FL 33183	3.4 CITY-ST-ZIP	Miami Fl. 33183
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, MARLEN	4.2 NAME	SD Soto Marlen
STREET ADDRESS	13045 S.W. 68TH ST. #110	4.3 STREET ADDRESS	13045 SW 68th Apto 110
CITY-ST-ZIP	MIAMI FL 33183	4.4 CITY-ST-ZIP	Miami Fl. 33183
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, MAYRA	5.2 NAME	TD Alvarez Mayra
STREET ADDRESS	13045 S.W. 68TH ST. #204	5.3 STREET ADDRESS	13045 SW 68th Apto 208
CITY-ST-ZIP	MIAMI FL 33183	5.4 CITY-ST-ZIP	Miami Fl. 33183
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Mesa Andres
STREET ADDRESS		6.3 STREET ADDRESS	13045 SW 68th Apto 110
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami Fl. 33183

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: Genaro Soto Requena Date: 1-27-99 Telephone: (305) 266 1771

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CR2E034 (11/98)