

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S72994** (4)
1. Corporation Name
GABLES ON THE GREEN, CORP.



Principal Place of Business: **2307 DOUGLAS ROAD SUITE 300 MIAMI FL 33145**
Mailing Address: **2307 DOUGLAS ROAD SUITE 300 MIAMI FL 33145**

3. Date Incorporated or Qualified: **08/13/1991** 3a. Date of Last Report: **04/28/1995**
4. FEI Number: **65-0279071** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business: **21 800 Douglas Road** Suite, Apt. #, etc: **22 Suite 225** City & State: **23 Coral Gables, Florida** Zip: **24 33134** Country: **25 USA**
2a. Mailing Address: **26 800 Douglas Road** Suite, Apt. #, etc: **27 Suite 225** City & State: **28 Coral Gables, Florida** Zip: **29 33134** Country: **30 USA**

9. Name and Address of Current Registered Agent
NUNEZ, ALEJANDRO ESO.
2307 DOUGLAS RD
SUITE 200
MIAMI FL 33145

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

11. Pursuant to the provisions of Sections 607.0602 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROGER, OSCAR A.	
STREET ADDRESS	2307 DOUGLAS RD #300	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TUNDIDOR, LORENZO	
STREET ADDRESS	2307 DOUGLAS RD #300	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CURRAIS, MILAGROS	
STREET ADDRESS	2307 DOUGLAS RD #300	
CITY - ST - ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ROBERT	
STREET ADDRESS	2307 DOUGLAS RD #300	
CITY - ST - ZIP	MIAMI FL	
TITLE	TDV	<input checked="" type="checkbox"/> DELETE
NAME	MAYREN, ROGER C	
STREET ADDRESS	2307 DOUGLAS RD #300	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ROGER, OSCAR A.	
13 STREET ADDRESS	800 Douglas Road, #225	
14 CITY - ST - ZIP	Coral Gables, Fl. 33134	
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	800 Douglas Road #225	
24 CITY - ST - ZIP	Coral Gables, Fl. 33134	
31 TITLE	SDVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	CASTRO, MAYREN R.	
33 STREET ADDRESS	800 Douglas Road, #225	
34 CITY - ST - ZIP	Coral Gables, Fl. 33134	
41 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	800 Douglas Road, #225	
44 CITY - ST - ZIP	Coral Gables, Fl. 33134	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee 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: Oscar A. Roger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1996 (305)448-4091
DATE TIME PHONE #

CR2E034 (12/95)