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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

141

FILED Apr 10 1997 8:00am Secretary of State

DOCUMENT # \$7294 1. Corporation Name GABLES ON THE GREEN, CORP. Principal Place of Business BOD DOUGLAS ROAD SUITE 225 CORAL GABLES FL 33134 US Walking Address BOD DOUGLAS ROAD SUITE 225 CORAL GABLES FL 33134-3185 US						3, Date Incorporated or Qualified 3a, Date of Last Report 08/13/1991			
	Place of Business	h	ing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number 65-0279071			plied For
21 Suite, Apt	l. #, e tc.	26 Suite	e, Apt #, etc.						Additional
22		27				5. Certificate of Status Desired		Fee Re	
City & Sta	ate	28 City	& State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip		Country	у	a, This corporation has liability for			. 199.032,
24	9. Name and Address of Cu	29 rrent Registered	Agent	30		Florida Statutes 10. Name and Address of New Re	Yes 1		
NU	JNEZ, ALEJANDRO ESQ.			81	Name	10.		<u> </u>	
	07 DOUGLAS RD			82	Street Ac	dress (P.O. Box Number is Not Accepta	hle)	··	
	ITE 200			Ĺ	1				
MU	AMI FL 33145			83	1				þ
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.	.0502 and 607.15	08. Florida Statu	tes, the abov	 re-named co	progration submits this statement for the		anging it	s realstered
office or	registered agent, or both, in the S						F - F		
agent	am familiar with, and accept the of	State of Florida. Si obligations of Sec	uch change was tion 607.0505. F	authorized b	y the corpor	ration's board of directors. I hereby acce	ept the appoin	imenias	registered
		State of Florida. Si obligations of, Sec	uch change was tion 607 0505, F	authorized b lorida Statute	y the corpoi	orporation submits this statement for the ration's board of directors. I hereby acce	pt the appoin	imenias	registered
SIGNATURE	Stipoature, type it or philded name of registeres	ed agent and tille if appli	cable (NO	TE Registered Ag		quired when reinstating)	DATE	······································	
SIGNATURE	Standare, type-dior proded name of registeres		cable (NO	TE Registered Ag			DATE CERS AND D	RECTOR	
SIGNATURE 12. TITLE	Stpeature, 1920-100 period name of registeres OFFICERS	ed agent and tille if appli	cable (NO	TE Registered Ag	ent signature rec	quired when reinstating)	DATE CERS AND D	······································	S IN 12
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emental annual report is true and accurate and that my signature shall have the same legal effect as if made under or eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name an attachment with an address. Tam an officer or director of appears in Block 12 or Block

SIGNATURE:

PEO OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

0184760