

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

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Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S72994** (4)
1. Corporation Name
GABLES ON THE GREEN, CORP.

Principal Place of Business 800 DOUGLAS ROAD SUITE 225 CORAL GABLES FL 33134 US	Mailing Address 800 DOUGLAS ROAD SUITE 225 CORAL GABLES FL 33134-3185 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1991	3a. Date of Last Report 04/30/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0279071		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent NUNEZ, ALEJANDRO ESQ. 2307 DOUGLAS RD SUITE 200 MIAMI FL 33145		10. Name and Address of New Registered Agent	
		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 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ROGER, OSCAR A.	1.2 NAME	
STREET ADDRESS	800 DOUGLAS ROAD, #225	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	VP
NAME	TUNDIDOR, LORENZO	2.2 NAME	TUNDIDOR, LORENZO
STREET ADDRESS	800 DOUGLAS ROAD, #225	2.3 STREET ADDRESS	800 Douglas Road, #225
CITY - ST - ZIP	CORAL GABLES FL	2.4 CITY - ST - ZIP	CORAL GABLES, FL
TITLE	SDVP	3.1 TITLE	
NAME	CASTRO, MAYREN R	3.2 NAME	
STREET ADDRESS	800 DOUGLAS ROAD, #225	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	
TITLE	VS	4.1 TITLE	
NAME	SCHNEIDER, ROBERT	4.2 NAME	
STREET ADDRESS	800 DOUGLAS ROAD, #225	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97

Date

(805) 448-4091

Daytime Phone #

0184780

CR2E034 (9/96)