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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V24380

CORAL GABLES PROPERTIES, INC.

(0)

DELETE

DELETE

DELETE

DELETE

## FILED May 02 1997 8:00am Secretary of State

Principal Place of Business					Mailing Address						1 (GRIT GILLE AIRT ALABA ATTA ARAN ATTA ATTA ATTA ATTA ATTA ATT				
149 SEVILLA AVE CORAL GABLES FL 33134 US					149 SEVILLA AVE CORAL GABLES FL 33134-6006 US					·					
											3.	Date Incorporated or Qualified 03/27/1992	3a, Date of Last Report <b>04/23/1996</b>		
2. Principal Place of Business					2a, Mailing Address						4.	FEI Number		Ар	plied For
21					26						65-0322611 No			t Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.				Sertificate of Status Desired     Sertificate of Status Desired     Sertificate of Status Desired			Additional			
22				27				5. Certificate of Status Desired Fee Requir				quired			
City & State				City & State				6.	Election Campaign Financing		\$5.00	May Be			
23	23				28							Trust Fund Contribution		Added t	
Π	Ziρ		Co	ountry	1	Zip	Co	untry	 /		8.	This corporation has liability for	intangible	tax under s.	199.032,
24			25		29		30				-			□No	
9. Name and Address of Current Registered Agent											10. Name and Address of New Registered Agent				
BEZ. JUAN								81	1	ame					
149 SEVILLA AVE								82	-	troot Adde	000 /[	P.O. Box Number is Not Acceptal	ulo)		_ <del></del> .
CORAL GABLES FL 33134								02	3	TIBUL AUUN	688 (F	O. Box Number is Not Acceptat	nei		
							83								
								<u> </u>							
								84		ity			FL	85 Zip (	
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 profiled name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating)  DATE															
								<u>~</u>		Gustati tedan		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S INI 12
								13.				ADDITIONS/OFFANGES TO OFF	SCHO AINE	Change	Addition
NAME BEZ, JUAN							1.2 NAME			Ĭ					
STREET ADDRESS 149 SEVILLA AVE									, , , , , , , , , , , , , , , , , , ,						
CODAL CADIFORI						1.8 STREET /									
VIII VI VI							1.4 C/TY - ST - Z/P		٩				Chance	Addition	
TITLE						MELE IE								Change	☐ Addicon
N/	ME						2.21	2.8 NAME							
STREET ADDRESS							2.8 9	STREET	I ADD	RESS					
CITY-ST-ZIP						2. 4 CITY			JP						

64 CHY-S1-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 on a statechment with an address.

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.4 TITLE

5.2 NAME

6.0 TITLE 6.0 NAME

3.8 STREET ADDRESS 3.4. CITY-ST-ZIP

4.8 STREET ADDRESS

**5.B STREET ADDRESS** 

6.B STREET ADDRESS

5.4 CITY - \$T - 7IP

4.4 CITY - ST - 7IP

mo

CR2E034 (9/96)

Addition

Addition

Addition

Addition

205 1111 020

Change

☐ Change

Change

☐ Change