

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP <i>Annual Rep. 1998</i> DOCUMENT # A97000001845		 FLORIDA DEPARTMENT OF STATE Sandra B. Mirham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership
GATEWAY OFFICE HOLDINGS LTD.

2. Mailing Address
1570 MADRUGA AVENUE

Suite, Apt. #, etc
#200

City & State
Coral Gables, Florida

Zip **33146** Country **USA**

3. Principal Office Address
1570 MADRUGA AVENUE

Suite, Apt. #, etc
#200

City & State
Coral Gables, Florida

Zip **33146** Country **USA**

8a. Capital Contributions as Shown
on Record

1,244,752.50

8b. Amount of Capital Contributions in
FLORIDA to date

1,244,752.50

FEES:
1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

**LUIS PARAJON
8255 SW 152 AVE. #101
MIAMI, FL 33193**

10. If changed new registered agent/office

Name **LUIS PARAJON**

Street Address (P O Box Number Is Not Acceptable)

1570 MADRUGA AVENUE

Suite, Apt. #, etc
200

City **CORAL GABLES**

Zip Code **FL 33146**

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192 Florida Statutes.

Luis Parajon
SIGNATURE (Registered Agent Accepting Appointment)

DATE **April 27, 1998**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Gateway General Partner Inc.	1570 Madruga Av. Suite 200	Coral Gables, Fl 33146	P97000073363
<p><i>Chs</i> <i>FP \$526.25</i></p> <p>300002513693--5 -05/06/98--01091--004 ****526.25 ****526.25</p>			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

Luis Parajon
SIGNATURE

DATE **April 27, 1998**