

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 10:39

DOCUMENT # L17711 (7)

1. Corporation Name
GATEWAY HOTEL, INC.

Principal Place of Business
C/O ALL FLORIDA RESORT INNS
300 71ST STREET, SUITE 635
MIAMI BEACH FL 33141

Mailing Address
C/O ALL FLORIDA RESORT INNS
300 71ST STREET, SUITE 635
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/19/1989	3a. Date of Last Report 01/19/1994
4. FEI Number 59-2968017	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

9. Name and Address of Current Registered Agent

MILLER, GERALD S.
300 71ST STREET, SUITE 635
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

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

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 of person or persons registered agent and their address

(NOTE: Registered Agent signature required when new listing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLER, GERALD
STREET ADDRESS	300 71ST STREET, S-635
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	ST
NAME	OLIN, JERRY
STREET ADDRESS	300 71ST STREET, S-635
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	VD
NAME	RAPAPORT, ROBERT
STREET ADDRESS	300 71ST STREET, S-635
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	SCHECHTER, ARON
STREET ADDRESS	300 71ST STREET, S-635
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	OLIN, JERRY
STREET ADDRESS	300 71ST STREET, S-635
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ 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 190.02(9)(b), 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 an attachment with an address.

X SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/95 35868722