

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M88819** (1)

1. Corporation Name

GATEWAY PASTA CORP.



Principal Place of Business

1990 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304
US

Mailing Address

C/O CASTELLANO, J.
1990 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304
US

3. Date Incorporated or Qualified 07/08/1988	3a. Date of Last Report 04/12/1995
4. FEI Number 65-0073825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26 1990 E SUNRISE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	28 FT LAUDERDALE, FL
23	29
Zip Country	30 33304 US
24	25

9. Name and Address of Current Registered Agent

**CASTELLANO, JOSEPH
60 COMPASS DR.
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name STUART ENGSTROM
82 Street Address (P.O. Box Number is Not Acceptable) 1990 E. SUNRISE BLVD
83
84 City FT. LAUDERDALE
85 Zip Code FL 33304

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 607.015, Florida Statutes.

SIGNATURE

Stuart Engstrom, Controller

(Note: Registered Agent signature required when resigning)

4-26-96
DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE DP	NAME CASTELLANO, JOSEPH	<input type="checkbox"/> DELETE
STREET ADDRESS 1990 E. SUNRISE BLVD.		
CITY-ST-ZIP FT. LAUDERDALE FL		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE DVP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE D PRESIDENT		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME PAUL CASTELLANO			
2.3 STREET ADDRESS 1990 E. SUNRISE BLVD			
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33304			
3.1 TITLE DVP		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME CONNIE MORMANDO			
3.3 STREET ADDRESS 1990 E. SUNRISE BLVD			
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33304			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report, 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, 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.

SIGNATURE:

Paul Castellano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PAUL CASTELLANO

4-26-96
Date

954-763-1478
Telephone #

CR2E034 (12/95)