


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90102 035 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000004319**

1. Corporation Name  
**LITTLE HAITI GATEWAY, INC.**

Principal Place of Business 200 SE FIRST ST. SUITE 704 MIAMI FL 33131	Mailing Address 200 SE FIRST ST. SUITE 704 MIAMI FL 33131
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/27/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 91-1920705
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  PELLERIN, MARIA S 200 SE FIRST ST, SUITE 704 MIAMI FL 33131	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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/30/99

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANNER, STEPHEN	1.2 NAME	Jeffrey Rosinek
STREET ADDRESS	1101 BRICKELL AVE, SUITE 1402	1.3 STREET ADDRESS	1351 NW 12th St. Rm.405
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Miami, Fl 33131
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSINEK, JEFF.	2.2 NAME	Ed Bell
STREET ADDRESS	1351 NW 12 ST, RM 308	2.3 STREET ADDRESS	1500 San Remo Avenue
CITY-ST-ZIP	MIAMI FL 33125	2.4 CITY-ST-ZIP	Coral Gables, Fl 33146
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEL VALLE, ELENA	3.2 NAME	Franklyn Casale
STREET ADDRESS	11767 S DIXIE HWY #363	3.3 STREET ADDRESS	16400 NW 32 Avenue
CITY-ST-ZIP	MIAMI FL 33156	3.4 CITY-ST-ZIP	Miami, Fl 33054
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, JERRY	4.2 NAME	Jerry Brooks
STREET ADDRESS	12368 SW 94TH TERR	4.3 STREET ADDRESS	12368 SW 94th Terrace
CITY-ST-ZIP	MIAMI FL 33186	4.4 CITY-ST-ZIP	Miami, Fl 33186
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASALE, FRANKLYN	5.2 NAME	
STREET ADDRESS	16400 NW 32 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33054-6492	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, JERRY	6.2 NAME	
STREET ADDRESS	2136 NW 8TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **PELLERIN, MARIA S** DATE: 4/30/99 DAYTIME PHONE #: (305) 371-8300

CR2E037 (1/98)