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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P9200007258 (6)

GATEWAY SALES, INC.

	AT SALES, INC.	Mailing Address					
Principal Place of 7211 NW 79TH MIAMI FL 3310	1 TERR	7211 NW 79TH TERR MIAMI FL 33166					
US		US		3. Date Incorporated or Qualified 11/24/1992	3a. Date of La 05/01	/1995	
2. Principal Plac	ce of Business	2a. Mailing Address 26	- ₁		4. FEI Number 65-0374053		Applied For Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc			\$8.75 Additional		
22		27		Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23 Zip	Country	Zip	Country		8. This corporation has liability for i		
24	25	29	30		Florida Statutes Yes	□ No	
	9. Name and Address of Curren	t Registered Agent	81	None	10. Name and Address of New R	egistered Ager	<u> </u>
			01				
	L, WILLIAM E		82 Street Ad		dress (P.O. Box Number is Not Acceptable)		
7211 NW 79 TERR MIAMI FL 33166					AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		
MINNI C	. 33100		84	City		FL 85	Zip Code
SIGNATURE _ s	egrature Typed or printed name of registrated as + 10		t. Segistere I Apic	d Signal no recurre	d wisi രെടർത്തു ADDITIONS/CHANGES TO OFF	DATE	ECTORS IN 12
TITLE	D	DELETE	1 1 111.5			☐ Ch	
NAME	POSADA, LUIS G		1.2 NAME				
STREET ADDRESS	5363 ORDUNA DR		13 STRE⊱	LAODRESS			
CITY - S1 - 71P	CORAL GABLES FL 33146		1.4 C+TY+:	ST. Z-P			anna
TITLE	D DELETE		2 1 DIFLE 2 2 NAME			□ Cr	ange
NAME STREET ADDRESS	BURRELL, WILLIAM E 468 NE 206 LN APT 204			: ADDRESS	FSS .		
CITY - ST - ZIP	MIAMI FL 33179		2.4 CITY - ST. ZIP				
TITLE	☐ DELETE		3 1 TIFLE			☐ Cr	nange 🔲 Addition
NAME			3 2 NAME				
STREET ADDRESS				T ADDRESS			
Crty - St - ZrP		["] DELETE	3 4 CITY - 4 1 TITLE	SI - ZIF	4	☐ Cr	nange
NAME			4.2 NAME				
STREET ADDRESS			43 STREE	LADORESS			
CITY - ST - ZIP		property and	4 4 CITY	S* 7-P			- Addition
TITLE		□ DE; FTE	5 1 HILF				nange [Addition
NAME CIDELLADODECE			5 2 NAME	1 ADDRESS			
STREET ADDRESS CITY-ST-ZIP			5.4 CITY -				
TITLE		DELF IE	6 1 THILE		10.2 (0.1)	□ C	nange Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	I ADDRESS			
CITY-S1-ZiP	code that the information a medical	and the films is ad intarily from	64 CITY-		for the exemption stated in Section 119	07(3)(k) Florida	Statutes I further
certify that oath; that I	the information indicated on this annu i am an officer or director of the gim:	ual report or supplemental anni	ual report is tr a empowered	ue and accur	ate and that my signature shall have the is report as required by Chapter 607, F	e same legal eried	ot as il made under
SIGNAT	URE: WIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICE	R OR DIRECTOR	XIADA	HOUR HOUR	10,96 30	2-887-88