FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPART Katherine Secretary DIVISION OF CO	• Harris of State	Laco Com Com Co	
DOCUMENT # PG200007258			99 OCT -1 PH 3: 55	
Gateway Sales, Inc.			SECRETAIN OF STATE TALLANASSIE, FLORIDA	
Principal Place of Business Mailing Address			-	
3501 N.W. 74th Avenue 3501 N.W. 74th Avenue Miami, Florida 33122 Miami, Florida 33122			DO NOT WRITE IN T	HIS SPACE
777 dim 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			3. Date Incorporated or Qualifed 12/01/92	
2. Principal Place of Business	2a. Malling Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State	City & State		& Flaction Compaign Financian	Fee Required \$5.00 May Be
Zip Country	Zip	Country	Trust Fund Contribution 8. This corporation owes the current year	Added to Fees
24 25 9. Name and Address of Co	29 3	ō]	Personal Property Tax. 10. Name and Address of New Register	X Yes □No
3501 N.W. 74th Avenue Miami, Florida 33122 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, of 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, am amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE Signature, typed of printed name of register		egistered Agent signature require	d when reinstating) DATE	27/99 📗 🙃
TILE President NAME Luis G. Posada STREET ADDRESS 3501 N.W. 74th A CHY-SI-ZP Miami, Florida 3	S AND DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition ○
TITLE NAME STREETADORESS	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		Change Addition
CITY: ST-ZIP TITLE NAME STREET ADDRESS) DELETE	3.4. CITY-ST-ZP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY: ST-ZIP TITLE NAME STREET ADDRESS	☐ DELETE	4.4 CITY-ST-ZP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	3 TS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	WARMA .	Change Addition
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 species or or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if thanged, or on an attadument with an address, with all other like empowered.				
SIGNATURE: Luis G. Posada 09/27/99 305-477-2580 BIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylors Phone 9				