

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90099 028 ***150.00

DOCUMENT # P92000012457

1. Corporation Name

AMERICA'S GATEWAY BUSINESS CENTER, INC.

Principal Place of Business

2170 NW 87 AVE
MIAMI FL 33172

Mailing Address

2170 NW 87 AVE
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1992

4. FEI Number

65-0388561

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 owes the current year Intangible

Personal Property Tax.

☐

No

2. Principal Place of Business
21 2170 NW 87 Ave

2a. Mailing Address
26 2170 NW 87 Ave

Suite, Apt. #, etc.

22 Suite 104

Suite, Apt. #, etc.

27 Suite 104

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33172

Country

25

Zip

29 33172

Country

30

9. Name and Address of Current Registered Agent

SIMON, STEVEN W
801 BRICKELL AVE
SUITE 1901
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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME FIGUEROA, AMALIA E
STREET ADDRESS 2170 NW 87 AVE SUITE 104
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ DELETE

NAME IBANEZ, AGUSTIN
STREET ADDRESS AVDA UNIVERSIDAD 1273 COLONIA DEL VALLE
CITY-ST-ZIP MEXICO DF MEXICO 03100

TITLE D ☐ DELETE

NAME MOYANO, LUIS
STREET ADDRESS AVDA UNIVERSIDAD 1273 COLONIA DEL VALLE
CITY-ST-ZIP MEXICO DF MEXICO 03100

TITLE S ☐ DELETE

NAME AGUILO, MONICA
STREET ADDRESS 2170 NW 87 AVE SUITE 104
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, 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: Amalia E. Figueroa/President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/99

Date

(305) 477-3889

Daytime Phone #

0248416

CR2E034 (11/98)