

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000010299 (4)

1. Corporation Name

GATEWAY FREIGHT SYSTEMS SOUTH, INC.

Principal Place of Business:

6085 NW 62ND AVE.
MIAMI FL 33166

Mailing Address:

6085 NW 62ND AVE.
P.O. BOX 52-7324
MIAMI FL 33166
33152

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PH 2:26

2. Principal Place of Business		26. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 P.O. Box 52-7324		02/03/1993		05/01/1994	
Suite/Apt. # off		Suite/Apt. # off		4. FEI Number		Applied For	
22		27		65-0391053		Not Acceptable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 MIAMI, FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	7. This corporation has liability for intangible tax under § 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29 33152	30				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAAB & STRADER, P.A. 1320 S. DIXIE HWY SUITE 670 MIAMI FL 33146				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.150B, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Officer/Dir.	Name	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	2. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	3. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	4. CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	6. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	7. CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	9. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	10. CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	12. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	13. CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	16. CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	18. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	19. CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	21. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	22. CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	23. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	24. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Officer/Dir.	Name	25. CITY ST. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I acknowledge, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and create under oath that I am an officer or director of this corporation or the major or trusted employee to execute this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of the attached form or attachment with an address.

SIGNATURE:  WALTER T. ATKINSON, V.P. 1/9/95 (305) 470-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR