

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 JAN 24 PM 4: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000010299 (4)**

1. Corporation Name

GATEWAY FREIGHT SYSTEMS SOUTH, INC.



Principal Place of Business

~~6096 NW 82ND AVE.
MIAMI FL 33186~~

Mailing Address

PO BOX 52-7324
MIAMI FL 33152
US

3. Date Incorporated or Qualified 02/03/1993	3a. Date of Last Report 01/18/1995
4. FEI Number 65-0391053	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21) **9190 NW 100 St,**

26 Suite, Apt. #, etc.

22) Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23) **MEDLEY, FL.**

28 City & State

24) **33178** 25) **USA**

29 Zip Country

30 Zip Country

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 870
MIAMI FL 33146**

81 Name	GRACE MAMONE
82 Street Address (P.O. Box Number is Not Acceptable)	
83	1960 AUGUSTA TERRACE
84 City	CORAL SPRINGS FL 85 33071

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, 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

Grace Mamone **Grace Mamone Pres. 1-12-96**

(NOTE - Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	FERRARA, JOSEPH J	
STREET ADDRESS	324 PASSAIC AVE.	
CITY-ST-ZIP	NUTLEY NJ 07110	
TITLE	VP/S	<input checked="" type="checkbox"/> DELETE
NAME	ATKINSON, WALTER T	
STREET ADDRESS	4738 GRAPEVINE WAY	
CITY-ST-ZIP	DAVE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GRACE MAMONE	
1.3 STREET ADDRESS	1960 AUGUSTA TERRACE	
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RUBEN TORRES	
2.3 STREET ADDRESS	8026 SW 134CT.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33183	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Grace Mamone* **Grace Mamone 1-12-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Day in Phone #

CR2E034 (12/95)