

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90033 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000022413

1. Corporation Name
AMERICAN GATEWAY INC.

Principal Place of Business
1850 N.W. 84 AVENUE
108
MIAMI FL 33126
US

Mailing Address
5344 SW 153 CT
MIAMI FL 33185
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/25/1993

4. FEI Number

65-0440554

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

GUTIERREZ, RENALDY J
601 BRICKELL KEY DRIVE
SUITE 501
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

RAIMUNDO LEVI

82 Street Address (P.O. Box Number is Not Acceptable)

LOPEZ LEVI & ASSOCIATES, L.C.

83

815 N.W. 57th Ave #125

84 City

Miami

FL

85

Zip Code
33136

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.

RAIMUNDO LEVI

(NOTE: Registered Agent signature required when reinstating)

3-10-99

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

~~D~~ ☒ DELETE
CRIBARI, OSCAR
1850 N.W. 84 AVENUE, SUITE 108
MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VSD ☐ DELETE
GOFFI, DOSOLINDA
CALLE 3 ARBOLES 374 CASTELAR
BUENOS AIRES AR

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

~~AS~~ ☒ DELETE
SANTOS, JOAQUIN
1403 COLUMBUS BLVD
CORAL GABLES FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P ☐ DELETE
BUEDO, BAGRIEL
5344 S.W. 153 COURT
MIAMI FL 33185

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GABRIEL GABRIEL

Date

3/10/99

Daytime Phone #

CR2E034 (11/98)