


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *PA3000027772*

1. Corporation Name
GAMATO, INC.

Principal Place of Business  Escapes	Mailing Address 5795 N. Federal Highway Ft. Lauderdale, FL 33308
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2. Principal Place of Business 21	Suite, Apt #, etc. 22	City & State 23	Zip 24	Country 25	2a. Mailing Address 26	Suite, Apt #, etc. 27	City & State 28	Zip 29	Country 30	
		Escapes			460 NW 79th Ave		PLANTATION, FL		33324	USA

3. Date Incorporated or Qualified April 14, 1993	3a. Date of Last Report 3/95
4. FEI Number 65-0404981	Applied For <input type="checkbox"/>
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GAIL L. Amato
 3300 NE 191st St
 AVENTURA, FL 33180**

10. Name and Address of New Registered Agent

81 Name GAIL AMATO
82 Street Address (P.O. Box Number is Not Acceptable) 460 NW 79th Avenue
83
84 PLANTATION FL 85 Zip Code 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	GAIL President <input type="checkbox"/> DELETE
NAME	GAIL L. AMATO
STREET ADDRESS	460 N.W. 79th Avenue
CITY - ST - ZIP	PLANTATION, FL 33324
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Laurie Gay
STREET ADDRESS	460 NW 79th Ave
CITY - ST - ZIP	PLANTATION, FL 33324
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	800001897458
5.3 STREET ADDRESS	-07/18/96--01013--003
5.4 CITY - ST - ZIP	***225.00
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)(b), Florida Statutes, 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **7/15/96 954-771-0255**

SIGNATURE AND TYPE, OR PRINTED NAME, OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)