

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Gwendolyn M. McMan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000042455 (4)**

1. Corporation Name  
**SOUTHGATE TRADING, INC.**



Principal Place of Business

Meeting Address

80 N.W. 116 PLACE  
SUITE #7  
MIAMI FL 33172

80 N.W. 116 PLACE  
SUITE #7  
MIAMI FL 33172

2. Principal Place of Business

2a. Meeting Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

DOS SANTOS, RICARDO  
80 N.W. 116 PLACE  
SUITE #7  
MIAMI FL 33172

81 Name

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

83

84 City

FL

85 Zip Code

3. Date incorporated (or Qualified)

06/16/1993

3a. Date of Last Report

06/20/1995

4. FEIN Number

65-0419095

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 has liability for intangible tax under s. 199.032, Florida Statutes.

Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.01(1) and 607.01(2)(a), Florida Statutes, the above named corporation voluntarily is "stated" for the purpose of changing its registered office or registered agent, or being in the State of Florida. Such statement is voluntarily made by the corporation based on the fact that they accept the appointment as registered agent. I am not for who and accept the appointment of, Secretary of State, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETED
NAME	DOS SANTOS, RICARDO	
STREET ADDRESS	80 N.W. 116 PLACE	
CITY, ST, ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this document is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. But I am an officer or director of the corporation. The return of this form is provided to you for informational purposes only. Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I changed or was registered with on 11/95.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)