

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

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

Meeting Address

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 has "stipulated" for the purpose of changing its registered office or registered agent, or being in the State of Florida, that it has been voluntarily accepted by the corporation to be of this State, thereby accept the appointment as registered agent. I am hereby authorized to accept the appointment of, **DOS SANTOS, RICARDO**, 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

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY, ST, ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY, ST, ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY, ST, ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY, ST, ZIP	
17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	NAME	
19	STREET ADDRESS	
20	CITY, ST, ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	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 document is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. I changed or was changed on _____ with effect date _____.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)