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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P93000070292 (6)

1. Corporation Name
GATEWAY BUSINESS HOLDINGS, INC.

Principal Place of Business	Mailing Address
1221 BRICKELL AVE. SUITE 1800 MIAMI FL 33131	1221 BRICKELL AVE. SUITE 1800 MIAMI FL 33131-3260

3. Date Incorporated or Qualified: 10/08/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 8255 SW 152 AVE
22 Suite, Apt. #, etc. #101
23 City & State: MIAMI FL
24 Zip: 33193
25 Country: USA

2a. Mailing Address
26 8255 SW 152 AVE.
27 Suite, Apt. #, etc. #101
28 City & State: MIAMI FL
29 Zip: 33193
30 Country: USA

4. FEI Number: 65-0440608 ☐ 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

9. **Name and Address of Current Registered Agent**

PARAJON, LUIS
1221 BRICKELL AVENUE
SUITE 1800
MIAMI FL 33131

10. **Name and Address of New Registered Agent**

81 Name: LUIS PARAJON
82 Street Address (P.O. Box Number is Not Acceptable): 8255 SW 152 AVENUE
83 #101
84 City: MIAMI FL 85 Zip Code: 33193

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: Luis Parajon, Prec LUIS PARAJON 4/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARAJON, LUIS 1221 BRICKELL AVE., SUITE 1800 MIAMI FL 33131	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☑ Change ☐ Addition ADDRESS c/o 8255 SW 152 AVE. #101 MIAMI FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUARTE, JUAN F C/O 1221 BRICKELL AVE. STE. 1800 MIAMI FL 33131	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☑ Change ☐ Addition c/o 8255 SW 152 AVE. #101 MIAMI FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACCROHON, RAMON C/O 1221 BRICKELL AVE. STE. 1800 MIAMI FL 33131	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☑ Change ☐ Addition c/o 8255 SW 152 AVE. #101 MIAMI FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Luis Parajon, Prec LUIS PARAJON - 4/15/97 (305) 387-8786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #