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

PROFIT CORPORATION ANNUAL REPORT

1998

Block 12 or Block 13 if changed or



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000017152 (7)

U.S. GATEWAY INTERNATIONAL, INC. Principal Place of Business Mailing Address A032 SEQUOIA LIN 1032 SEQUOIA LN FORT LAUDERDALE FL 33327 FORT LAUDERDALE FL 33327 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/04/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0471469 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 П Trust Fund Contribution Added to Fees 28 7ip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. □ No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SALES, VITOR SALES VITOR 4995 NW 79 AVE. Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33166** 83 84 City LAUSER DALE FORT 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 high, 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 abligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) ane of regulacier agent and the dispolar able 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 1.1 TITU SALES, VITOR SALES, VITOR NAME 1.2 NAME 4815 NW 79 AVE STE 7 1032 SEQUUIA LANE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL FOOT CAUDERDALE CITY-ST-ZIP 1.4 CITY-ST-ZiP DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change TITLE 31 THLE ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST - ZIP DELFTE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 NILE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-S1-ZIP

14. I hereby certify that the information supplied with this tiling 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 receipting or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

DU-25-88 954-385-9912

FILED

May 06 1998 8:00am

Secretary of State