

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -6 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000093749 (7)

1. Corporation Name

GATEWAY TRADING COMPANY, INC.

Principal Place of Business

5805 CHURCHILL CIR E
WEST PALM BEACH FL 33405

Mailing Address

5805 CHURCHILL CIR E
WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/27/1994

4. FID Number

65-0570107

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

7. This corporation has liability for intangible tax under S. 190.032
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 5805 Churchill Cir E

2a. Mailing Address

26 P.O. Box 16599

22 State, Apt. #, etc.

27 State, Apt. #, etc.

23 City & State

23 West Palm Beach, FL

24 City & State

24 West Palm Beach, FL

24 33405

25 Palm Beach

29 33416

30 Palm Beach

9. Name and Address of Current Registered Agent

MENDOZA, CIRIO
5805 CHURCHILL CIR E
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Name of agent or current name of registered agent and the Florida State

Name of registered agent upon registration with the corporation

AP

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	MENDOZA, CIRIO
3. STREET ADDRESS	5805 CHURCHILL CIR E
4. CITY, ST. ZIP	WEST PALM BEACH FL 33405
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST. ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST. ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST. ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST. ZIP	

13. ACTION REQUIRED (SEE INSTRUCTIONS)

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST. ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST. ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST. ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST. ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished, and that I am not guilty, for the exceptions stated in Section 119.07(2)(b), Florida Statutes, of having used this information to defraud or to obtain an unfair advantage in the course of my business, and that my signature shall have the same legal effect as if I were the person who furnished the information. I am not guilty of having used this information to defraud or to obtain an unfair advantage in the course of my business, and that my signature shall have the same legal effect as if I were the person who furnished the information.

SIGNATURE: Cirio Mendoza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

630-95

407 547-4510