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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000010338 (8)

DOCUMENT #
1. Corporation Name

STARGATE INTERNATIONAL TRADING POST CORP.

Principal Place of Business 1125 N.W. 129TH STREET MIAMI FL 33168		Mailing Address 1125 N.W. 129TH S MIAMI FL 33168	TREET		
				3. Date locorporated or Qualified 3a. Date of La 02/07/1995	ast Report
Principal Place of Business The Principal Place of Business The Principal Place of Business		2a. Mailing Address 26		4. FEI Number 65-0584854	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$6	3.75 Additional Fee Required
City & State		City & State			5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax unc	der s 199.032,
	9. Name and Address of Curre	ent Registered Agent		Name and Address of New Registered Agen	t
ARCHE	R, EVRY JR		81 Name		
1125 N.W. 129TH STREET				ess (P.O. Box Number is Not Acceptable)	
MAM	FL 33168		83		
			84 City	FL 85	Zıp Code
or registere	o the provisions of Sections 607.050 ad agent, or both, in the State of Flon, and accept the obligations of, Se	irida. Such change was authoriz	ed by the corporation's boar	ation submits this statement for the purpose of changing d of directors. I hereby accept the appointment as regis	g its registered office tered agent. I am
SIGNATURE			,		
	Signature, typed or printed name of registered age		TE: Registered Agent signature required		
	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	
TITLE	ARCHER, EVRY JR	☐ DELETE	1.1 TITLE	Cha	inge 🔲 Addition
NAME	1125 N.W. 129TH ST.		1.2 NAME	SCHER, EVICY JIC	
STREET ADDRESS	MIAMI FL 33168		1.3 STREET ADDRESS	25 N.W 127 FR 31	
CITY-ST-ZIP	WINWITE SOTOO		1.4 CiTY-ST-ZIP	ECHER, EVRY JR 25 N.W 129th St 1Ami FL. 33168	
TITLE		□ DELETE	2 1 TITLE	☐ Cha	ange 🔲 Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP	·		2.4 CITY - ST - ZIP		
TiffE		□ DELETE	3. 1 TITLE	☐ Cha	inge 🔲 Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CHY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4. 1 TITLE	Cha	inge 🔲 Addition
NAME			42 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4 4 CiTY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE	Cha	inge 🔲 Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TIPLE		☐ DELETE	6. 1 TITLE	☐ Cha	inge 🔲 Addition
NAME			6.2 NAME		1
STREET ADDRESS			6.3 STREET ADDRESS		ì
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 836 - 7424 685 - 1776

SIGNATURE: (

EVRY ARCHER, TR

CR2E034 (12/95)