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Mailing Address

PROFIT CORPORATION **ANNUAL REPORT**

1997

Principal Place of Business

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

I am an officer or director of the corporation or tappears in Block 12 or Block 3 il Dianged, of

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000010338 (8)

STARGATE INTERNATIONAL TRADING POST CORP.

1125 N.W. 129TH STREET 1125 N.W. 129TH STREET MIAMI FL 33168-6538 MIAMI FL 33168 3. Date Incorporated or Qualified 3a. Date of Last Report 02/07/1995 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0584854 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees 23 Zip Country Country This corporation has hability for intangible tax under s. 199.032. Yes ☐ No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ARCHER, EVRY JR 1125 N.W. 129TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33168 83 City Zip Code 84 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Stgnature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELFTE Change Addit:on 1.1 111(E TITLE ARCHER, EVRY JR 1.2 NAME 1125 N.W. 129TH ST. 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Add:tion DELETE 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-7/P CITY-ST-ZIP Change Addition DELFTE 3.1 111118 TITLE 3.2 NAMI NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CHY - S1 - ZIP CITY-ST-ZIP Addition DELETE Change 41711116 TITLE 4 2 NAM NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - S1 - Z/F) Change DELETE Addition 5.1100 TITLE

5.2 NAME

6110116

€2 NAME

DELFTE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 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 tristee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name

5.4 CITY - \$1 - 7IP

41/28/97/20165-1976

Change

Addition

FILED

May 14 1997 8:00am

Secretary of State