SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000027086 (4)**

1. Corporation Name

STARGATE COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
~~2357 SUNDERLAND AVENUE~~	~~2357 SUNDERLAND AVENUE~~
~~W PALM BEACH FL 33414-7776~~	~~W PALM BEACH FL 33414-7776~~

3. Date Incorporated or Qualified: **04/05/1995**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1401 Forum Way	26 1401 Forum Way
Suite, Apt #, etc: 22 Suite 302	Suite, Apt #, etc: 27 Suite 302
City & State: 23 West Palm Beach, FL	City & State: 28 West Palm Beach, FL
Zip: 24 33401 / Country: 25 USA	Zip: 29 33401 / Country: 30 USA

4. FEI Number: 65-0574985 ☐ 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	10. Name and Address of New Registered Agent
CORPORATE CREATIONS ENTERPRISES INC.	81 Name
4521 PGA BLVD.	82 Street Address (P.O. Box Number is Not Acceptable)
SUITE 211	83
PALM BEACH GARDENS FL 33418	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 ______ 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	D ☐ DELETE	1.1 TITLE	President ☒ Change ☐ Addition
NAME	ZENGA, V J	1.2 NAME	Zenga, VJ
STREET ADDRESS	% 2357 SUNDERLAND AVENUE	1.3 STREET ADDRESS	1401 Forum Way, Suite 302
CITY-ST-ZIP	W PALM BEACH FL 33414-7776	1.4 CITY-ST-ZIP	West Palm Beach FL 33401
TITLE	☐ DELETE	2.1 TITLE	Vice President ☐ Change ☒ Addition
NAME		2.2 NAME	Ivan Qi
STREET ADDRESS		2.3 STREET ADDRESS	1401 Forum Way, Suite 302
CITY-ST-ZIP		2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	☐ DELETE	3.1 TITLE	Vice President ☐ Change ☒ Addition
NAME		3.2 NAME	Charles Baldwin
STREET ADDRESS		3.3 STREET ADDRESS	1401 Forum Way, Suite 302
CITY-ST-ZIP		3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	☐ DELETE	4.1 TITLE	Secretary + Treasurer ☐ Change ☒ Addition
NAME		4.2 NAME	Lillian Rubio
STREET ADDRESS		4.3 STREET ADDRESS	1401 Forum Way, Suite 302
CITY-ST-ZIP		4.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: V. James Zenga President 7/24/96 (561) 795-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #