

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056292 (2)

1. Corporation Name
MIAMIGATE, INC.



Principal Place of Business

8260 N.W. 27TH ST.
SUITE 406
MIAMI FL 33122

Mailing Address

8260 N.W. 27TH ST.
SUITE 406
MIAMI FL 33122

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/20/1995

3a. Date of Last Report

4. FEE Number

☒ 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

LORENZO, MANUEL P
8260 N.W. 27TH ST.
SUITE 406
MIAMI FL 33122

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 6-07.1508, 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 of Registered Agent (If Registered Agent is the same as the corporation, the signature of the President or Secretary of the corporation is required.)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE PD
2. NAME LORENZO, MANUEL P
3. STREET ADDRESS 8260 N.W. 27TH ST., #406
4. CITY, ST. ZIP MIAMI FL 33122
5. TITLE DTD
6. NAME ESCUDER, JOSE L
7. STREET ADDRESS 8260 N.W. 27TH ST., #406
8. CITY, ST. ZIP MIAMI FL 33122

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST. ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added after appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL PABLO LORENZO

Feb/2/96

305-477-5200

CR2E034 (12/95)