


2001 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
----------------------------------	---	---

FILED

01 JUN -6 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

DOCUMENT # P96000026748
1. Corporation Name FAYGATE HOLDINGS, INC.

Principal Place of Business 2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180	Mailing Address 2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180
--	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1996	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 65-0664760	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
22 City & State	29	28 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25	24 Zip	25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax.				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent REINHARD, SANFORD N 2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDUST, ISADORE			1.2 NAME	FAY GOLDUST		
STREET ADDRESS	12 GOLDFINCH COURT			1.3 STREET ADDRESS	12 Goldfinch Ct		
CITY-ST-ZIP	WILLOWDALE ON M2R -2C3			1.4 CITY-ST-ZIP	Willowdale Ontario M2R2C4		
TITLE	VPS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDUST, HARRY			2.2 NAME	Barry Mitchell GOLDUST		
STREET ADDRESS	12 GOLDFINCH COURT			2.3 STREET ADDRESS	12 Goldfinch Ct		
CITY-ST-ZIP	WILLOWDALE ON M2R -2C3			2.4 CITY-ST-ZIP	Willowdale Ontario M2R2C4		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

04/23/01 90131 001 \$150.00

14. I 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 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, with all other like empowered.

SIGNATURE: Fay Goldust
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

April 10/01 305 932-7555
Date Daytime Phone #