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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90093 034 ***150.00

DOCUMENT #	P96000026750
Cornoration Name	. 000000

GATEMAR HOLDINGS, INC.

Principal Place of Business

Mailing Address

2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180

2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180

					DO NOT WRITE IN THE	SCACE		
					 Date Incorporated or Qualified 03/26/1996 			
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
1		26			65-0664753		Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		11,1,00	5. Certificate of Status Desired		5 Additional Required	
City & State		City & State		······································	6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees	
Zip 24	Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Registered	Agent		
REIN	HARD, SANFORD N		81					
TENTEND, OTHER CONTROL			82	2 Street Address (P.O. Box Number is Not Acceptable)				

2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180

	10. Name and Addition of their Hogie		0	
81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)			
83				· · · · · · · · · · · · · · · · · · ·
84	City	FL	85	Zip Code
		se of c	hand	ing its registered

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	od when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GOLDLIST, ISADORE	1.2 NAME	
STREET ADDRESS	12 GOLDFINCH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILLOWDALE ON M2R -2C3	1.4 CITY-ST-ZIP	
TITLE	VPS DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GOLDLIST, HARRY	2.2 NAME	والمراجع للمعالق للمعالج بمعارضه والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع و
STREET ADDRESS:	L12 GOLDFINCH COURT	2.3 STREET ADDRESS	•
CITY-ST-ZIP	WILLOWDALE ON M2R -2C3	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADORESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4, CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4, 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	Section 110 07(2)(3) Florida Statutos I further certify that the information

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 withyan address, with all other like empowered.

SIGNATURE:

CR2E034 (11/98)