

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

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000027091 (3)

1. Corporation Name

PAULGATE HOLDINGS, INC.



Principal Place of Business 2875 N.E. 191ST ST. SUITE 404 N MIAMI BEACH FL 33180	Mailing Address 2875 N.E. 191ST ST. SUITE 404 N MIAMI BEACH FL 33180-2801
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3. Date Incorporated or Qualified 03/27/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	
REINHARD, SANFORD N 2875 N.E. 191ST ST. SUITE 404 N 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHARD, SANFORD N	1.2 NAME	ISADORE GOLDLIST
STREET ADDRESS	2875 N.E. 191ST ST. SUITE 404	1.3 STREET ADDRESS	12 Goldfinch Court
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	1.4 CITY-ST-ZIP	Willowdale, Ontario M2R 2C3
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Secretary/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	HARRY GOLDLIST
STREET ADDRESS		2.3 STREET ADDRESS	12 Goldfinch Court
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Willowdale, Ontario M2R 2C3
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	400002139564
STREET ADDRESS		6.3 STREET ADDRESS	-04/10/97--01077--042
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***3135.00

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13.1 changed, or on an attachment with an address.

SIGNATURE:  Isadore Goldlist 4/3/97 (305) 932-7555

CR2E034 (9/96)