

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

FILED

Feb 12 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P96000031958 (7)

1. Corporation Name

STARGATE INTERNATIONAL, INC.

Principal Place of Business

8310 NW 56TH ST.
MIAMI FL 33166
US

Mailing Address

8310 NW 56TH ST
~~TWO SOUTH BISCAYNE BLVD.~~
MIAMI FL 33166
US



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|------------------------|--|-----------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 8310 NW 56 ST | | 04/11/1996 | |
| 22 City & State | | 27 Suite, Apt. #, etc. | | 4. FEI Number | |
| 23 Zip | | 28 MIAMI, FL | | 65-0685303 | |
| 24 Country | | 29 33166 | | Applied For | |
| | | 30 U.S.A. | | 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 owes or has paid the current year intangible Personal Property Tax due June 30. | | | | Yes No | |

9. Name and Address of Current Registered Agent

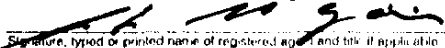
MACDANIEL, JOHN M ESQ.
ONE BISCAYNE TOWER, SUITE 2975
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

| | |
|---|------------------|
| 81 Name | Augusto Giannini |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 5621 N.W 105 CT |
| 83 | |
| 84 City | MIAMI |
| 85 Zip Code | FL 33178 |

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



Augusto Giannini President

JAN/28/98

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------------|--------|--|---|-------------------|--------|----------|
| TITLE | P | DELETE | | 1.1 TITLE | P | Change | Addition |
| NAME | GIANNINI, AUGUSTO | | | 1.2 NAME | GIANNINI, AUGUSTO | | |
| STREET ADDRESS | 14846 SW 168TH TERRACE | | | 1.3 STREET ADDRESS | 5621 NW 105 CT | | |
| CITY-ST-ZIP | MIAMI FL | | | 1.4 CITY-ST-ZIP | MIAMI, FL 33178 | | |
| TITLE | | DELETE | | 2.1 TITLE | | Change | Addition |
| NAME | | | | 2.2 NAME | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | DELETE | | 3.1 TITLE | | Change | Addition |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 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 | | | |

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

SIGNATURE: 

X JAN/28/98 (305)418-4013

CP2E034 (10/97)