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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000073366 (1)

1. Corporation Name

GATEWAY LIMITED PARTNER, INC.



Principal Place of Business

8255 SW 152 AVE., #101
MIAMI FL 33193

Mailing Address

8255 SW 152 AVE., #101
MIAMI FL 33193

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1997

4. FEI Number
65-0778159

Applied For

Not Applicable

2. Principal Place of Business

21 1570 MADRUGA AVENUE

2a. Mailing Address

26 1570 MADRUGA AVENUE

Suite, Apt. #, etc.

22 200

Suite, Apt. #, etc.

27 200

City & State

23 CORAL GABLES FL

City & State

28 CORAL GABLES FL

Zip

24 33146

Country

25 USA

Zip

29 33146

Country

30 USA

5. Certificate of Status Desired **XX** \$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

PARAJON, LUIS
8255 SW 152 AVE., #101
MIAMI FL 33193

10. Name and Address of New Registered Agent

81 Name LUIS PARAJON

82 Street Address (P.O. Box Number is Not Acceptable)
1570 MADRUGA AVENUE

83 SUITE 200

84 City CORAL GABLES FL

85 Zip Code 33146

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 when reinstating)

DATE

PRESIDENT

01/21/98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PARAJON, LUIS
STREET ADDRESS 8255 SW 152 AVE., #101
CITY-ST-ZIP MIAMI FL 33193

TITLE D ☐ DELETE

NAME DOWNING, WILLIAM D
STREET ADDRESS 8255 SW 152 AVE., #101
CITY-ST-ZIP MIAMI FL 33193

TITLE D ☒ DELETE

NAME HUARTE, JOAN F
STREET ADDRESS 8255 SW 152 AVE., #101
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition

1.2 NAME 1570 MADRUGA AVENUE #200
1.3 STREET ADDRESS CORAL GABLES FL 33146
1.4 CITY-ST-ZIP

2.1 TITLE D/S ☒ Change ☐ Addition

2.2 NAME 1570 MADRUGA AVENUE #200
2.3 STREET ADDRESS CORAL GABLES, FL 33146
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 in an attachment with an address.

PRESIDENT 01/21/98 (305)665-3006

CP2E034 (10/97)