

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 10, 1999 8:00 am
Secretary of State

03-10-1999 90086 024 ***150.00

DOCUMENT # P98000082601

1. Corporation Name
GATEWAY CONCESSIONS, INC.

Principal Place of Business
700 S.W. 36TH AVENUE
MIAMI FL 33135

Mailing Address
700 S.W. 36TH AVENUE
MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1998

4. FEI Number

65-0864932

Applied For

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 the current year intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 3663 SW 8th St

Suite, Apt. #, etc.

22 3rd Floor

City & State

23 MIA FL

Zip

24 33135

Country

25 USA

2a. Mailing Address

26 3663 SW 8th St

Suite, Apt. #, etc.

27 3rd Floor

City & State

28 MIA FL

Zip

29 33135

Country

30 USA

9. Name and Address of Current Registered Agent

DE NAVARRA, CARLOS T
700 S.W. 36TH AVENUE
MIAMI FL 33135

10. Name and Address of New Registered Agent

81 Name

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

83

84 City MIAMI

FL

85 Zip Code

33135

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DE NAVARRA, CARLOS T

STREET ADDRESS 700 S.W. 36TH AVENUE

CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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/PRESIDENT ☒ Change ☐ Addition

1.2 NAME DE NAVARRA, CARLOS T.

1.3 STREET ADDRESS 700 S.W. 36th AVE

1.4 CITY-ST-ZIP Miami, FL 33135

2.1 TITLE SECRETARY ☐ Change ☒ Addition

2.2 NAME CLYDE, REGINALD

2.3 STREET ADDRESS 700 S.W. 36th AVE

2.4 CITY-ST-ZIP MIAMI, FL 33135

3.1 TITLE LOUISIANA MARY ☐ Change ☒ Addition

3.2 NAME VICE PRESIDENT

3.3 STREET ADDRESS 700 SW 36th AVE

3.4 CITY-ST-ZIP MIAMI, FL 33135

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 on an attachment with an address, with all other like empowered.

SIGNATURE *Carlos Torres Denavarr* PRESIDENT CARLOS TORRES DENAVARRA 2/2/99 (305) 446 4916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0200488