

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

DOCUMENT # P98000099565

1. Corporation Name
GATEWAY TAXI, INC.



Principal Place of Business
4141 NORTH MIAMI AVENUE
SUITE 201
MIAMI FL 33127

Mailing Address
4141 NORTH MIAMI AVENUE
SUITE 201
MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0879434	Applied For No Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	P S D
NAME	O'NEILL, LEONARD P	1.2 NAME	O'NEILL, LEONARD P.
STREET ADDRESS	4141 NORTH MIAMI AVENUE	1.3 STREET ADDRESS	1045 NE 85 ST.
CITY-ST-ZIP	MIAMI FL 33127	1.4 CITY-ST-ZIP	Miami FL 33138
TITLE		2.1 TITLE	V
NAME		2.2 NAME	JEAN-ANTONIO EUGENE
STREET ADDRESS		2.3 STREET ADDRESS	780 Little River Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami FL 33138
TITLE		3.1 TITLE	T
NAME		3.2 NAME	RAPHAEL JANVIER
STREET ADDRESS		3.3 STREET ADDRESS	1050 NE 144 ST.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	N. MIAMI BEACH FL 33161
TITLE		4.1 TITLE	N
NAME		4.2 NAME	JEAN CLAUDE RIPERT
STREET ADDRESS		4.3 STREET ADDRESS	16910 N.E. 4ct.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	N. MIAMI BEACH FL 33162
TITLE		5.1 TITLE	C
NAME		5.2 NAME	ODILET VEUS
STREET ADDRESS		5.3 STREET ADDRESS	550 N.W. 113 ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33168
TITLE		6.1 TITLE	
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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEONARD P. O'NEILL

4/3/99

Date

(305) 445-5555

Daytime Phone #

CR2E034 (11/98)