

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

FILED  
Mar 31 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S72142 (0)

1. Corporation Name  
SOUTH GATE OF AMERICA, INC.



Principal Place of Business Mailing Address  
2501 BRICKELL AVE. SUITE 807 MIAMI FL 33129  
2501 BRICKELL AVE. SUITE 807 MIAMI FL 33129-2460

3. Date Incorporated or Qualified 08/07/1991  
3a. Date of Last Report 04/19/1996  
4. FEI Number 65-0280480 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 150 SW 12 AVE SUITE APT. # etc. 26 150 SW 12 AVE SUITE, APT. #, etc.  
22 SUITE 201C 27 SUITE 201C  
City & State City & State  
23 POMPANO BEACH, FL 28 POMPANO BEACH, FL  
Zip Country Zip Country  
24 33069 USA 29 33069 30 USA

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
AKIL, TUFIC 2501 BRICKELL AVE., APT. 807 MIAMI FL 33129  
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 607.0602 and 607.1506, 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	P AKIL, TUFIC 2501 BRICKELL AVE., APT. 807 MIAMI FL 33129	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKIL, TUFIC	1.2 NAME	
STREET ADDRESS	2501 BRICKELL AVE., APT. 807	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33129	1.4 CITY-ST-ZIP	
TITLE	V AKIL, CYNTHIA 2501 BRICKELL AVE., APT. 807 MIAMI FL 33129	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKIL, CYNTHIA	2.2 NAME	
STREET ADDRESS	2501 BRICKELL AVE., APT. 807	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33129	2.4 CITY-ST-ZIP	
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-STATE-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-STATE-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-STATE-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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-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 new appointment with an address.

SIGNATURE: DATE: 3-29-97 DAYTIME PHONE #: (954) 786-7585

CR2E034 (9/96)