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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **V40131** **(7)**

1. Corporation Name
GATEWAY TO AMERICA, INC.

Principal Place of Business	Mailing Address
17038 W DIXIE HWY SUITE 239 NORTH MIAMI BEACH FL 33160 US	P.O. BOX 610982 STE 207 NORTH MIAMI FL 33261-0982 US

3. Date Incorporated or Qualified: 05/29/1992
3a. Date of Last Report: 04/22/1996

2. Principal Place of Business
21 16300 NE 19 AVE
Suite, Apt. #, etc.
22 SUITE 100
City & State
23 NORTH MIAMI BCH FL
Zip 24 33162 Country 25 DADE

2a. Mailing Address
26 17038 W DIXIE HWY
Suite, Apt. #, etc.
27 SUITE 239
City & State
28 NORTH MIAMI BEACH FL
Zip 29 33160 Country 30 DADE

4. FEI Number: 65-0339257 ☐ 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

9. Name and Address of Current Registered Agent

FLOREZ, CRISTINA A.
17070 COLLINS AVENUE
STE 207
MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: ULRICH, LUCIEN C.
82 Street Address (P.O. Box Number is Not Acceptable): 18181 NE 31 ST COURT
83 APT 210
84 City: AVENTURA FL 85 Zip Code: 33160

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] ULRICH, LUCIEN C. April 14, 1997
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PIEDNOEL, MURIEL S. 16300 N.E. 19TH AVE., #100 NORTH MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD ULRICH, LUCIEN C. 18181 NE 31 ST COURT APT 210 AVENTURA FL 33160	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CRISTINA, FLOREZ A. 17070 COLLINS AVE., #207 MIAMI BEACH FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD ULRICH, MONIQUE G. 18181 NE 31 ST COURT APT 210 AVENTURA FL 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	ST PIEDNOEL, MURIEL S. 16300 NE 19 AVE SUITE 100 NORTH MIAMI BEACH FL 33162	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: [signature] Muriel S Piednoel 04/14/97 (305) 956-9448