

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Whitman
Secretary of State
Tallahassee, Florida 32399-0400

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12: 46

DOCUMENT # **V40912** (0)
1. Corporation Name
MAINGATE TOWERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Office or Headquarters: **520 BRICKELL KEY DR SUITE O-305 MIAMI FL 33131**
Mailing Address: **520 BRICKELL KEY DR SUITE O-305 MIAMI FL 33131**

3. Date incorporated or organized: **06/03/1992**
3a. Date of last report: **04/06/1994**

2. Director, Current Register: **21** Mailing Address: **26**

4. FEI Number: **65-0311614**
Applied For: Not Applicable:

21. Subj. App. # only: **22** State App. # only: **27**

5. Certificate of Status Required: **\$8.75 Additional Fee Required**

23. City & State: **28** City & State: **28**

6. Election Campaign Financing Total Funds Contribution: **\$5.00 May Be Added to Fees**

24. City: **25** County: **29** City: **30** County: **30**

7. This corporation has liability for intangible tax under S. 193.002, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**FREEMAN, STEPHEN A.
520 BRICKELL KEY DR
SUITE O-305
MIAMI FL 33131**

10. Name and Address of New Registered Agent
B1 Name: _____
B2 Street Address: (If a Florida member is Not Applicable) _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 603.001 and 603.002, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office. The address reported on this report as the state of Florida's first change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am aware with and accept the obligations of Sections 603.001, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
<p>NAME: DP BOTELHO, EDUARDO ADDRESS: 520 BRICKELL KEY DR S0-305 MIAMI FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Add/Resign</p>
<p>NAME: S FREEMAN, STEPHEN A ADDRESS: 520 BRICKELL KEY DR S0-305 MIAMI FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Add/Resign</p>
<p>NAME: _____ ADDRESS: _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Add/Resign</p>
<p>NAME: _____ ADDRESS: _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Add/Resign</p>
<p>NAME: _____ ADDRESS: _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Add/Resign</p>
<p>NAME: _____ ADDRESS: _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Add/Resign</p>
<p>NAME: _____ ADDRESS: _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Add/Resign</p>
<p>NAME: _____ ADDRESS: _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Add/Resign</p>
<p>NAME: _____ ADDRESS: _____</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Add/Resign</p>

14. This hereby certifies that the information supplied with this filing is complete, furnished and signed, not fraudulently for the corporation stated in Section 11. I understand Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. If a corporate officer or director of the corporation or the removal of directorship is reported on this report as required by Chapter 603, Florida Statutes, and that my name appears on Block 1, or Block 13 of this report, or on an attachment, with an address:

SIGNATURE:  (STEPHEN A. FREEMAN-SEC.) 05/11/95 (305) 374-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR