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Apr 20, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F96000002039**

1. Corporation Name
GENVEST GENERAL INVESTMENTS CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O RNS - SHUTTS & BOWEN, 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER, MIAMI FL 33131
 Mailing Address: C/O RNS - SHUTTS & BOWEN, 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER, MIAMI FL 33131

3. Date Incorporated or Qualified: **04/23/1996**
 4. FEI Number: **98-0061528**
 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) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
 1600 MIAMI CENTER
 201 S. BISCAYNE BLVD.
 MIAMI FL 33131

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 607.0502 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	<input type="checkbox"/> DELETE
NAME	LEISER, URS	
STREET ADDRESS	BLEICHERSTRASSE 28	
CITY-ST-ZIP	9470 WERDENBERG SW	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAVICA, ANTONIO	
STREET ADDRESS	AV. DE FRONTENEX 4	
CITY-ST-ZIP	1207 GENEVE SW	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KINDLE, KURT	
STREET ADDRESS	WEIHERSTRASSE 4	
CITY-ST-ZIP	9495 TRIESEN LJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SFERA, ANTONIO	
STREET ADDRESS	82 CHEMIN DES CHAMPS-BLANCS	
CITY-ST-ZIP	1261 CHAVANNES DE BOGIS SW	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALMER, GABRIELLE	
STREET ADDRESS	SPANIAGASSE 12	
CITY-ST-ZIP	9490 VADUZ LJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	AMACO (Curacao) N.V.
6.4 CITY-ST-ZIP	Kaya W.F.G. (Jombi) Mensing 36 Curacao, Netherlands Antilles

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, for all other like empowered.

SIGNATURE:

K. Kindle
 GENVEST GENERAL INVESTMENTS, N.V.
 SIGNATURE OF REGISTERED AGENT

4/15/99

305-358-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Kindle

G. Almer

Date

Daytime Phone #

CR2E034 (11/98)