

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90003 002 ***550.00

DOCUMENT # F96000002039

1. Entity Name

GENVEST GENERAL INVESTMENTS CORP.

Principal Place of Business

Mailing Address

C/O RNS - SHUTTS & BOWEN
 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
 MIAMI FL 33131

C/O RNS - SHUTTS & BOWEN
 201 S. BISCAYNE BLVD., 1600 MIAMI CENTER
 MIAMI FL 33131-4332

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

98-0061528

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LEISER, URS	NAME	
STREET ADDRESS	BLEICHERSTRASSE 28	STREET ADDRESS	
CITY-ST-ZIP	9470 WERDENBERG SW	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D AMACO, (CURACAO) N.V.	NAME	
STREET ADDRESS	KAYA W.F.G. (JOMBI) MENSING 36	STREET ADDRESS	
CITY-ST-ZIP	CURACAO NETHERLANDS ANTILLES	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KINDLE, KURT	NAME	
STREET ADDRESS	WEIHERSTRASSE 4	STREET ADDRESS	
CITY-ST-ZIP	9495 TRIESEN LI	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SFERA, ANTONIO	NAME	
STREET ADDRESS	90 CHEMIN DES CHAMPS BLANCS	STREET ADDRESS	
CITY-ST-ZIP	1261 CHAVANNES DE BOGIE SW	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ALMER, GABRIELLE	NAME	
STREET ADDRESS	SPANIAGASSE 12	STREET ADDRESS	
CITY-ST-ZIP	9490 VADUZ LI	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

URS LEISER **Gabrielle ALMER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6th 2000

Date

Daytime Phone #