

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000004752 (0)

1. Corporation Name
GENEXIS, CORP.



Principal Place of Business: 6996 NW 50TH STREET MIAMI FL 33166 US
Mailing Address: 6996 NW 50TH STREET MIAMI FL 33166 US

3. Date Incorporated or Qualified: 01/21/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 65-0381589
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent
**ARAUJO, ALEXANDRO D
10250 COLLINS AVE #302
BAY HARBOR FL 33154**

10. Name and Address of New Registered Agent
81 Name: **ARAUJO, ALEXANDRO D**
82 Street Address: **967 GOLDEN BEACH DR**
83
84 City: **GOLDEN BEACH** 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARAUJO, ALEJANDRO D	
STREET ADDRESS	10250 COLLINS AVE #302	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BORAJO, FERNANDO A	
STREET ADDRESS	1175-101 ST. APT #1	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MALTER, JOSE LUIS F	
STREET ADDRESS	988 EAST BAY HARBOR DR	
CITY-ST-ZIP	ISLAND FL 33154	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME	ARAUJO, ALEJANDRO D.
1.3 STREET ADDRESS	967 GOLDEN BEACH DR
1.4 CITY-ST-ZIP	GOLDEN BEACH, FLA 33160
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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)* (JOSE LUIS F. MALTER) 4/23/96. (305) 593-1388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)