

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33166-5632
US

3. Date Incorporated or Qualified: 01/21/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 1881 NW 87 AVE

2a. Mailing Address
26 1881 NW 87 AVE

4. FEI Number: 65-0381589
Applied For: Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

6. Certificate of Status Desired: \$8.75 Additional Fee Required

23 City & State: MIAMI FLA

28 City & State: MIAMI FLA

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24 Zip: 33126 25 Country

29 Zip: 33126 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARAUJO, ALEXANDRO D
387 GOLDEN BEACH DR
GOLDEN BEACH FL 33160

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARAUJO, ALEJANDRO D	
STREET ADDRESS	387 GOLDEN BEACH DRIVE	
CITY-ST-ZIP	GOLDEN BEACH 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		

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 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 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, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DATE: 02/13/97 DAYTIME PHONE #: (305) 593-5388

CR2E034 (9/96)