08251999-90007-033-$550.00-$550.00

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 25, 1999 8:00 am
Secretary of State
08-25-1999 90007 033 ***550.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P93000046905

1. Corporation Name
REGENESIS HOLDINGS, INC.

Principal Place of Business	Mailing Address
1555 NORTHPARK DRIVE SUITE 103 WESTON FL 33326	1555 NORTHPARK DRIVE SUITE 103 WESTON FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1993

2. Principal Place of Business	2a. Mailing Address
21 930 WASHINGTON AVE	26 930 WASHINGTON AVE
Suite, Apt. #, etc. 22 4th FLOOR	Suite, Apt. #, etc. 27 4th FLOOR
City & State 23 MIAMI BEACH - FL	City & State 28 MIAMI BEACH - FL
Zip 24 33139 Country 25 USA	Zip 29 33139 Country 30 USA

4. FEI Number: 65-0827283 ☐ 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ADLER, RUSSELL B
444 BRICKELL AVE.
SUITE 400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: ADLER, Russell B
82 Street Address (P.O. Box Number is Not Acceptable): 930 WASHINGTON AVENUE
83: 4th FLOOR
84 City: MIAMI BEACH FL 85 Zip Code: 33139

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: RUSSELL B ADLER 8/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ADLER, RUSSELL B		1.2 NAME		
STREET ADDRESS	444 BRICKELL AVE., SUITE 400		1.3 STREET ADDRESS	930 WASHINGTON AVENUE - 4th FL	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	MIAMI BEACH - FL 33139	
TITLE	~~PCEO~~	☐ DELETE	2.1 TITLE	VP D	☒ Change ☐ Addition
NAME	SANDLER, MITCHELL B		2.2 NAME		
STREET ADDRESS	444 BRICKELL AVE., SUITE 400		2.3 STREET ADDRESS	930 WASHINGTON Avenue - 4th FL	
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP	MIAMI BEACH - FL 33139	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SANDLER, MITCHELL B		3.2 NAME		
STREET ADDRESS	444 BRICKELL AVE., SUITE 400		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP		
TITLE	GALLO, LAWRENCE	☐ DELETE	4.1 TITLE	PCEO	☐ Change ☒ Addition
NAME	930 WA		4.2 NAME	GALLO LAWRENCE	
STREET ADDRESS			4.3 STREET ADDRESS	930 WASHINGTON AVE - 4th FL	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		☐ DELETE	5.1 TITLE	CFO	☐ Change ☒ Addition
NAME			5.2 NAME	JOEL BROWNSTEIN	
STREET ADDRESS			5.3 STREET ADDRESS	930 WASHINGTON AVE - 4th FL	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MIAMI BEACH - FL 33139	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/99)

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.

SIGNATURE: 8/1/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #