

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000055101 (8)**

1. Corporation Name
GENESIS BROTHERS, INC.



Principal Place of Business: **3601 NW 7TH AVE MIAMI FL 33127 US**
Mailing Address: **3601 NW 7TH AVE MIAMI FL 33127 US**

2. Principal Place of Business: 21 State, Apt., etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt., etc.; 27 City & State; 28 Zip; 29 Country
9. Name and Address of Current Registered Agent: **O'HARE, RICHARD J 1550 MADRUGA AVE STE 120 CORAL GABLES FL 33146**

3. Date Incorporated or Qualified: **08/05/1993** 3a. Date of Last Report: **04/04/1995**
4. FEI Number: **65-0437657** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.01(4)(a) & 607.15(1), 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 607.15(2), Florida Statutes.

SIGNATURE: _____ (Signature of Agent) _____ (Signature of Registered Agent) _____ (Signature of Officer/Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PSTD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	LOPEZ, NELSON B	2. NAME	
3. STREET ADDRESS	3402 SW 16 TERRACE	3. STREET ADDRESS	
4. CITY, STATE, ZIP	MIAMI FL <input type="checkbox"/> DELETE	4. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
7. CITY, STATE, ZIP		7. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. NAME	
9. STREET ADDRESS		9. STREET ADDRESS	
10. CITY, STATE, ZIP		10. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME		11. NAME	
12. STREET ADDRESS		12. STREET ADDRESS	
13. CITY, STATE, ZIP		13. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, STATE, ZIP		16. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplement if annual report is true and accurate and that my signature shall have the same legal effect as it made under oath. I am an officer or director of the corporation or the register or trustee or trustee-in-power 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: *Nelson B Lopez* **NELSON LOPEZ** 1/16/96 628-9281
SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)