

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

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000100825 (4)
1. Corporation Name
GENESIS BILLING & COLLECTIONS CORP



Principal Place of Business 1151 SW 139 PL. MIAMI FL 33184	Mailing Address 1151 SW 139 PL. MIAMI FL 33184
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1285 S.W. 141 AVE Suite, Apt. #, etc. 22 MIAMI, FLORIDA Zip 24 33184 Country 25 U.S.A.		2a. Mailing Address 26 1285 S.W. 141 AVE Suite, Apt. #, etc. 27 MIAMI, FLORIDA Zip 29 33184 Country 30 U.S.A.		3. Date Incorporated or Qualified 12/13/1996	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
7. Additional Fee Required \$8.75		7. Additional Fee Required \$5.00		May Be Added to Fees		

9. Name and Address of Current Registered Agent
LIENS, ELEN
1151 SW 139 PL.
MIAMI FL 33184

10. Name and Address of New Registered Agent
81 Name
MAYRA MARTINEZ-LIENS
82 Street Address (P.O. Box Number is Not Acceptable)
1285 S.W. 141 AVENUE
83
84 City
MIAMI FL 85 Zip Code
33184

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 *Mayra Martinez Liens* (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LIENS, ELEN	
STREET ADDRESS	1151 SW 139 PL.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAYRA MARTINEZ LIENS	
1.3 STREET ADDRESS	1285 SW 141 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33184	
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 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 *Mayra Martinez Liens* 4/17/98 1285 33184

CR2E034 (10/97)