

2-13-98 B-2026 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P96000102066 (3)
 1. Corporation Name
GENET FAMILY HOLDINGS, INC.



Principal Place of Business: 4014 CHASE AVENUE SUITE 214 MIAMI BEACH FL 33140
 Mailing Address: 4014 CHASE AVENUE SUITE 214 MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 4014 CHASE AVENUE SUITE 214 MIAMI BEACH FL 33140
 2a. Mailing Address: 26 19080 NE 29th AVE
 22. Suite, Apt. #, etc.: 27 Suite, Apt. #, etc.
 23. City & State: 28 Aventura, FL
 24. Zip: 25 Country: 29 33180 Country: 30

3. Date Incorporated or Qualified: 12/18/1996
 4. FEI Number: 65-0719427 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent:
 NELSON, BARRY A
 19495 BISCAYNE BLVD.
 SUITE 609
 AVENTURA FL 33180

10. Name and Address of New Registered Agent:
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	GENET, E.M.B.	
STREET ADDRESS	4014 CHASE AVENUE STE 214	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GENET, S. MICHAEL	
STREET ADDRESS	2945 FLAMINGO DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GENET, SANDOR F.	
STREET ADDRESS	99 NE 187 STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GENET, BEN J.	
STREET ADDRESS	3980 N 38TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GENET, DAVID	
STREET ADDRESS	4001 N 41 STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	GENET, EMB.	
13 STREET ADDRESS	4014 CHASE AVE #214	
14 CITY-ST-ZIP	MIAMI BEACH FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	President P,S,T,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	GENET, DAVID	
53 STREET ADDRESS	19080 NE 29th AVE	
54 CITY-ST-ZIP	Aventura, FL 33180	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: DAVID GENET 1/15/98 305-933-8700

CR2E034 (10/97)