

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90016 001 ***150.00

DOCUMENT # **M68456**

Corporation Name
GENAM (U.S.), INC.

Principal Place of Business

**MERRICK AVENUE, 9TH FL
EAST MEADOW NY 11554**

Mailing Address

**90 MERRICK AVENUE, 9TH FL
EAST MEADOW NY 11554**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1988

4. FEI Number

13-3512430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes ☒ No

Principal Place of Business

Suite, Apt. #, etc.

City & State

Country

Country

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

29

Zip

30

9. Name and Address of Current Registered Agent

**CERILMAN, MORTON L ESQ.
4236 BOCAIRE BLVD.
BOCA RATON FL 33487**

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS **C**
CERTILMAN, MORTON L.
90 MERRICK AVENUE, 9TH FL
EAST MEADOW NY 11554

☐ DELETE

ADDRESS **PTD**
HAFT, JAY M.
2 GROVE ISLE DRIVE UNIT 1208 B
COCONUT GROVE FL

☐ DELETE

ADDRESS
IP

☐ DELETE

ADDRESS
IP

☐ DELETE

ADDRESS
P

☐ DELETE

ADDRESS

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 stated 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 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 on block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

Date

(516) 296-7001

Division Phone #

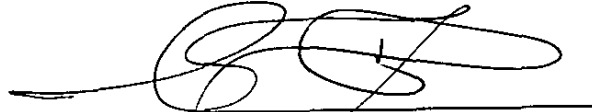
CR2E034 (5/99)

S83415-9006-1

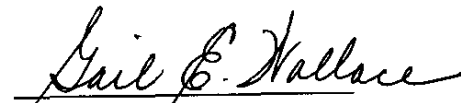
M68 456

AFFIDAVIT

Morton L. Certilman, Chairman of Genam (U.S.), Inc., being duly sworn does hereby depose and state that Genam (U.S.), Inc. never received notice to file the 1999 Profit Corporation Annual Report prior to this 2nd Notice that was just received.


Morton L. Certilman, Chairman

Sworn to before me this
1st day of July, 1999


Notary Public

GAIL E. WALLACE
Notary Public, State of New York
No. 4803842
Qualified in Nassau County
Commission Expires December 31, 20 11