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).

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

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # M68456 ✓

Corporation Name

GENAM (U.S.), INC.

Principal Place of Business	Mailing Address
MERRICK AVENUE. 9TH FL ST MEADOW NY 11554	90 MERRICK AVENUE. 9TH FL EAST MEADOW NY 11554

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1988

Principal Place of Business	2a. Mailing Address
	26
uite, Apt. #, etc.	Suite, Apt. #, etc. 27
ity & State	City & State 28
p / Country 25	Zip 29 / Country 30

4. FEI Number: 13-3512430 ☐ 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

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.

ATURE _____ DATE

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	C CERILMAN, MORTON L. 90 MERRICK AVENUE, 9TH FL EAST MEADOW NY 11554 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
	PTD HAFT, JAY M. 2 GROVE ISLE DRIVE UNIT 1208 B COCONUT GROVE FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

reby 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 ated 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 fficer 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 ock 12 or Block 13 if changed, or on an attachment with an address.

IATURE: SIGNATURE REQUIRED 7/1/99 (516) 296-7001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S83415-90016-1

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

Gail E. Wallace
Notary Public

GAIL E. WALLACE
Notary Public, State of New York
No. 4803842
Qualified in Nassau County
Commission Expires December 31, 20 01