

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sheila B. McInam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **369389**

(2)

1. Corporation Name

GENRE SALES, INC.



Principal Place of Business

**72 N.W. 79TH STREET
MIAMI FL 33150**

Mailing Address

**72 N.W. 79TH STREET
MIAMI FL 33150**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

29

9. Name and Address of Current Registered Agent

**HANTMAN,ARNOLD
72 NW 79 ST
MIAMI FL 33150**

3. Date Incorporated or Qualified
09/04/1970

3a. Date of Last Report
04/17/1995

4. FEI Number
59-1301118

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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.07 and 607.08, Florida Statutes, the above named Corporation submits this statement for the purpose of changing its registered office to the place listed or listed in the State of Florida. This 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 607.08, Florida Statutes.

SIGNATURE

12.

**PD
HANTMAN, ARNOLD
72 NW 79TH ST
MIAMI, FL 00000
VSD
HANTMAN, SHEILA
72 NW 79TH ST
MIAMI, FL 00000**

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME

12 NAME

13 STREET ADDRESS

14 CITY, ST. ZIP

2 NAME

23 STREET ADDRESS

14 CITY, ST. ZIP

3 NAME

31 STREET ADDRESS

34 CITY, ST. ZIP

4 NAME

41 STREET ADDRESS

44 CITY, ST. ZIP

5 NAME

51 STREET ADDRESS

54 CITY, ST. ZIP

6 NAME

61 STREET ADDRESS

64 CITY, ST. ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I hereby certify that the information supplied with this filing is accurate, complete and does not omit any fact that is material in connection with the information supplied. I further certify that the information furnished on this report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of this report. I am not a director or officer of the corporation.

SIGNATURE: *Arnold Hantman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Arnold Hantman

1/16/96 305 257 4541

CR2E034 (12/95)