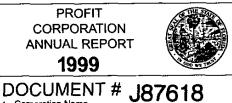
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

GENYA TOYS & GIFTS, INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90095 048 \*\*\*150.00



85

Zip Code

Mailing Address Principal Place of Business 14135 NORTHWEST 7TH AVENUE 19800 NORTHEAST 10TH AVENUE C/O NEMTSEV C/O NEMTSEV DO NOT WRITE IN THIS SPACE MIAMI F 33179 MIAMI FL 33168 3. Date incorporated or Qualifed 08/12/1987 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0006392 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 Election Campaign Financing City & State \$5.00 May Be City & State Trust Fund Contribution Added to Fées 23 28 Country This corporation owes the current year Intangible Country Zip Zio □No ☐ Yes Personal Property Tax. 25 29 30 24 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent LEVINE, JOHN Street Address (P.O. Box Number is Not Acceptable) 1010 SOUTH OCEAN BLVD. SUITE 808 POMPANO BEACH FL 33602

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

84 City

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Additi
NAME	MEMTSEV, GENYA	1.2 NAME	
STREET ADDRESS	TOO NE 404 TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Additi
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CiTY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE:	· · · DELETE →	3.1 TITLE	Additi
NAME		3.2 NAME	·
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Additi
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	□ DELETE	5.1 TITLE	☐ Change ☐ Additi
NAME		5.2 NAME	•
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	,	5.4 CITY-ST-ZIP	
MILE	· □ DELETE	6.1 TITLE	☐ Change ☐ Addit
NAME		6.2 NAME	
STREET ADDRESS	,	6.3 STREET ADDRESS	•
		CACITY OF 7ID	

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, with all other like empowered.

-CR2E034-(11/98)