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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M54148** **(5)**

1. Corporation Name

GENESYS AUTOMATION, INCORPORATED

Principal Place of Business	Mailing Address
C/O OVIDIO J. HIDALGO-GATO 7800 RED ROAD. STE 131 MIAMI FL 33143 US	C/O OVIDIO J. HIDALGO-GATO 7800 RED ROAD. STE 131 MIAMI FL 33143 US

2. Principal Place of Business 21 7800 RED ROAD	2a. Mailing Address 26 7800 RED ROAD
Suite, Apt. #, etc. 22 SUITE 220A	Suite, Apt. #, etc. 27 SUITE 220A
City & State 23 SOUTH MIAMI, FL	City & State 28 SOUTH MIAMI, FL
Zip 24 33143 Country 25 U.S.A.	Zip 29 33143 Country 30 U.S.A.

3. Date Incorporated or Qualified: 06/18/1987
3a. Date of Last Report: 04/18/1995
4. FEI Number: 59-2816729 ☐ 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

9. Name and Address of Current Registered Agent

HIDALGO-GATO, OVIDIO J.
7800 RED ROAD, STE 131
MIAMI FL N

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7800 RED ROAD
83 SUITE 220A
84 City SOUTH MIAMI FL 85 Zip Code 33143

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 name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HIDALGO-GATO, OVIDIO J. 7800 RED ROAD, STE 131 MIAMI FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 7800 RED ROAD, SUITE 220A SOUTH MIAMI, FL 33143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HIDALGO-GATO, LOURDES V. 7800 RED ROAD, STE 131 MIAMI FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 7800 RED ROAD, SUITE 220A SOUTH MIAMI, FL 33143
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ovidio J Hidalgo-Gato 3/17/96 (305)858-0599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)