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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M54148

(5)

GENESYS AUTOMATION, INCORPORATED

Principal Place of Business Mailing Address					d markatt ift Eliki Bifffl fruit Bidbi	sam erant arátt frant eratt arem blatt jest
2711 S.W. 7TH AVE. MIAMI FL 33129		2711 S.W. 7TH AVI MIAMI FL 33129			DO NOT HIDIT	E IN THIS SPACE
l US		US			3. Date Incorporated or Qualified	IN THIS SPACE
					06/18/1987	i
2. Principal Place of Business 2a. Mailing Address				. ,	4. FEI Number	Applied For
21		 	26		59-2816729	Not Applicable
		Suite, Apt. #, etc.	tc.			¢0.75
27				Certificate of Status Desired	Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has pa	aid the current year Intangible
24	25	29	30		Personal Property Tax due June	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
lн	IIDALGO-GATO, OVIDIO J.		8	1 Name		
2711 S.W. 7TH AVE.			ä	2 Street Add	Iress (P.O. Box Number is Not Acceptate	ple)
MIAMI FL 33129				.1	illos (1.0. Box (10. illos) is (10. procepta)	
			6	3		
			8	4 City		85 Zip Code
			ا	• City		FL S Elp code
agent I a	egistered agent, or poin, in the State im familiar with, and accept the oblig	ations of, Section 607.0505	, Florida Statuti	9 s .	poration submits this statement for the pation's board of directors. I hereby accelured when remarking)	pt the appointment as registered
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			Change Addition
NAME	HIDALGO-GATO, OVIDIO J.		1.2 NAMI	:		
STREET ADDRESS	2711 S.W. 7TH AVE.		1.3 STAE	ET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33129		1.4 CITY	ST - ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE			Change L Addition
NAME	HIDALGO-GATO, LOURDES	V.	2.2 NAMI	:		
STREET ADDRESS	2711 S.W. 7TH AVE.		23 STRE	ET ADORESS		
CITY-ST-ZIP	MIAMI FL 33129		2.4 CITY	-ST-ZIP		
TITLE		☐ DELETÉ	3 1 TITLE			Change Addition
NAME			3 2 NAME			ļ
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	- ST - 2iP		
TITLE		☐ DELETE	4.1 TITLE	ŀ		Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	T ADDRESS		İ
CITY-ST-ZIP			4.4 CITY	ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY	ST-ZIP		i
TITLE		DELETE	6.1 TITLE			Change Addition

14. Thereby certify that the information supplied with this filling 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 eath; 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 13 if changed by on an attaching in with an address

6.2 NAME

SIGNATURE:

STREET ADDRESS

4

305-858-0599

FILED

May 05 1998 8:00am

Secretary of State