

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90016 001 \*\*\*150.00

DOCUMENT # M68456

Corporation Name

GENAM (U.S.), INC.

Principal Place of Business

MERRICK AVENUE, 9TH FL  
EAST MEADOW NY 11554

Mailing Address

90 MERRICK AVENUE, 9TH FL  
EAST MEADOW NY 11554



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1988

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

Principal Place of Business

Suite, Apt. #, etc.

City & State

Country

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CERILMAN, MORTON L ESQ.  
4236 BOCAIRE BLVD.  
BOCA RATON FL 33487

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS	C CERTILMAN, MORTON L. 90 MERRICK AVENUE, 9TH FL EAST MEADOW NY 11554	<input type="checkbox"/> DELETE
ZIP	PTD HAFT, JAY M. 2 GROVE ISLE DRIVE UNIT 1208 B COCONUT GROVE FL	<input type="checkbox"/> DELETE
ADDRESS		<input type="checkbox"/> DELETE
ZIP		<input type="checkbox"/> DELETE
ADDRESS		<input type="checkbox"/> DELETE
ZIP		<input type="checkbox"/> DELETE
ADDRESS		<input type="checkbox"/> DELETE
ZIP		<input type="checkbox"/> DELETE
ADDRESS		<input type="checkbox"/> DELETE
ZIP		<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), Florida Statutes. I further certify that the information stated 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 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 on block 12 or block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7/1/99

(516) 296-7001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Division Phone #

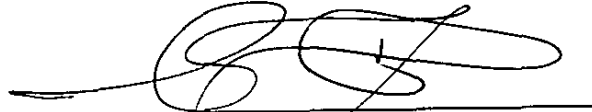
CR2E034 (5/99)

S83415-9006-1

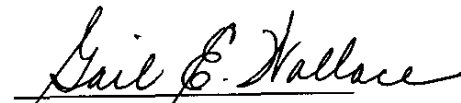
M68 456

# **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 2<sup>nd</sup> Notice that was just received.

  
Morton L. Certilman, Chairman

Sworn to before me this  
1<sup>st</sup> day of July, 1999

  
Notary Public

GAIL E. WALLACE  
Notary Public, State of New York  
No. 4803842  
Qualified in Nassau County  
Commission Expires December 31, 20 11