



File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> M9700000076		1a. Principal Place of Business Address	
GENESIS MERCHANT GROUP SECURITIES LLC 11111 BISCAYNE BLVD., PH 55, TWR 111 MIAMI FL 33181				11111 BISCAYNE BLVD., PH 55, MIAMI FL 33181	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/21/1997	
City & State		City & State		3a. State of Formation	
Zip		Country		CA	
				4. FEI Number	
				94-3082467	
				<input type="checkbox"/> Applied For	
				<input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
WEISGLASS, STEPHEN S 11111 BISCAYNE BLVD PENTHOUSE 55, TOWER 111 MIAMI FL 33181			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			400002458944--8		
			Suite, Apt. #, etc.		
			-03717798--01024--014		
			****188.75 ****188.75		
			City		
			FL		
			Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	WEISGLASS, STEPHEN S	11111 BISCAYNE BLVD., PH 5		MIAMI FL	
					

FILED  
98 MAR 12 PM 4:00  
SECRETARY OF STATE  
FLORIDA

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  Philip C. Stapleton, MGRM **MAR 10 1998** (415)677-5820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #