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Oct 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000003997 (0)
1. Corporation Name

GENESIS COMMUNITY AWARENESS CENTER, INC.



Principal Place of Business

Mailing Address

705 E 26TH ST
HIALEAH FL 33013

P O BOX 3219
HIALEAH FL 33013

3. Date Incorporated or Qualified

07/14/1997

4. FEI Number

65-0766484

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

6. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

Gerardo Chavez

82 Street Address (P.O. Box Number is Not Acceptable)

382 W 64 DRIVE

83

Hialeah FL

84 City

FL

85 Zip Code

33012

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/30/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST ☐ DELETE
NAME CHAVEZ, MARIA D
STREET ADDRESS 705 E 26TH ST
CITY-ST-ZIP HIALEAH FL 33013

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE
NAME CHAVEZ, GERARDO
STREET ADDRESS 705 E 26TH ST
CITY-ST-ZIP HIALEAH FL 33013

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DV ☒ DELETE
NAME MERCADO, ZENaida M.D.
STREET ADDRESS 705 E 26TH ST
CITY-ST-ZIP HIALEAH FL 33013

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D
3.3 STREET ADDRESS WATKINS, DEBORAH
3.4 CITY-ST-ZIP 1221 OBISPO AVENUE
CORAL GABLES, FL. 33134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS MADRIGAL, ARMANDO
4.4 CITY-ST-ZIP 6039 COLLINS AVENUE #603
MIAMI BEACH, FL. 33140

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

MARIA CHAVEZ D 8/30/98 (305) 293-3332

CR2E037 (10/97)