2003 FOR PROFIT CORPORATION

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GENZME	R CONSULTING & TECHNO	LOGIES, INC.			01112003	20220 011 130	.00	
Principal Place of Business 5201-BLUE LAGOON DR-STE-160- MIAMI-FL-23126-		Mailing Address 5201 BLUE LAGOON DR STE 100 MIAMI FL 00126						
2. Principal (Place of Business	3. Mailing Address	·					
C/o 1177 S.E. 3rd Ave. Suite, Apt. #, etc.		c/o 1177 S.E. 3rd Ave. Suite, Apt. #, etc.		Ave.	☐ CHECK HERE IF MAKING CHANGES			
City & Star	ie	City & State		_	4. FEI Number 65-1157323	Aį	oplied For]
Ft La	uderdale, FL Country	Ft. Lauder	dale, FI Country	<u> </u>		¢0.75	ot Applicable	1
33316	6. Name and Address of Current F	33316			 Certificate of Status Desired Name and Address of New F 	Fee Require		ļ
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GENZMER, ELISE B 6201 BLUE LAGOON OR STE 100			Street Address (P. Douma		rey S. Wachs, E O. Box Number is Not Acceptable ar, Allsowrth,	Cross, et a	11.	1
MIAMI FL	33126			1177	S.E. 3rd Ave.			1
, ej			City	Ft. 1	Lauderdale «	FL Zip Cod	e 816	1
8. The above	named entity submits this statement for tions of egistered agent.	the purpose of changing its re	egistered office of	or registere	d agent, or both, in the State of Flo	orida. I am familiar with,	and accept	1
SIĞNATURE	Signature Justine Signature State of the Signature Signature State of the Signature State of the Signature Signature State of the Signature Signat	d title if applicable. (NOTE:	Registered Agent signs	ature required w	vhen reinstating)	H10/03	<u>·</u>	
Afte	ILE NOW!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		_	9. Election Campaign Fin Trust Fund Contribution Trus		0 May Be I to Fees	1
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFF] ຕ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENZMER, ULRICH 5201 BLUE LAGOON DR STE 100 MIAMI FL 93126	☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c/o	1177 S.E. 3rd Lauderdale, FL	Ave.	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	FL.	Lauderdale, FL	☐ Change	Addition	CR2
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12. I hereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNAL/VIEREQUIFIEDGENZMER, Director 4/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DIRECTOR
DIRECTOR (954) 762-3400 Daytime Phone # SIGNATURE: