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95 MAY -1 PM 1:24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # P93000057608
1. Corporation Name
Generation Three, Inc.

Principal Place of Business Mailing Address
14525 Mahogany Ct. 14525 Mahogany Ct.
Miami Lakes, FL 33014 Miami Lakes, FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 8300 N.W. 103rd St.	26 P. O. Box 2577
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Hialeah Gardens, FL	28 Hialeah, FL
Zip	Zip
24 33016	29 33012
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified August 17, 1993	3a. Date of Last Report 1994
4. FEI Number 65-0447488	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Lizbeth Arencibia
14525 Mahogany Ct.
Miami Lakes, FL 33014

10. Name and Address of New Registered Agent

81 Name Cynthia G. Clohessy
82 Street Address (P.O. Box Number is Not Acceptable) 8300 N.W. 103rd Street
83
84 City Hialeah
85 State FL
86 Zip Code 33016

11. 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 **Cynthia G. Clohessy** *Cynthia G. Clohessy* DATE **May 8th, 1995**

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	Cynthia G. Clohessy
STREET ADDRESS	8300 N.W. 103rd Street
CITY, ST, ZIP	Hialeah Gardens, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	800001430368
23 STREET ADDRESS	-05/17/95--01035--019
24 CITY, ST, ZIP	*****225.00 *****225.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cynthia G. Clohessy* **Cynthia G. Clohessy** **5/8/95** **305-821-8300**

DATE DATE