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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 29 1996 8:00 am
Secretary of State

DOCUMENT # P93000058819 (2)

1. Corporation Name

GENESIS ACQUISITION AND MANAGEMENT, INC.



Principal Place of Business

Mailing Address

615 ESCOBAR AVE
CORAL GABLES FL 33134

615 ESCOBAR AVE
CORAL GABLES FL 33134

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

24

25

29

30

9. Name and Address of Current Registered Agent

DE LA CAMARA, FRANCISCO
615 ESCOBAR AVE
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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)

Signature, typed or printed name of agent for service of process (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DE LA CAMARA, FRANCISCO
STREET ADDRESS 615 ESCOBAR AVE
CITY-STATE-ZIP CORAL GABLES FL 33134

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96 (305) 448-0666

CR2E034 (12/95)