## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address 615 ESCOBAR AVE

CORAL GABLES FL 33134-7011

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

**CORAL GABLES FL 33134** 

SIGNATURE:

**615 ESCOBAR AVE** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300058819 (2)

GENESIS ACQUISITION AND MANAGEMENT, INC.

Trans-Cuba Oil Company of Florida

127/97

FILED Feb 19 1997 8:00am Secretary of State



								<ol> <li>Date Incorporated or Qualified 08/23/1993</li> </ol>	3a, Da 03/2	ate of Last R 29/1996	leport
2. Principal Place of Business				2a, Mailing Address				4. FEI Number Applied For			
21				26				65-0434197		N	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				F. Cordificate of Status Desired	M	\$8.75	Additional
22				27				5. Certificate of Status Desired	<u> </u>	Fee R	equired
City & State				City & State				6. Election Campaign Financing	_		May Be
23				Zip Country				Trust Fund Contribution Added to Fees			
Zip	Country Zip					ıtry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes V No			
24 25 29 3								Florida Statutes Yes No  10. Name and Address of New Registered Agent			
NE I			· rog.s	torou Agont		B1	Name	ID. Name and Addition of the first	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	194111	<del></del>
DE LA CAMARA, FRANCISCO 815 ESCOBAR AVE CORAL GABLES FL 33134						_		dress (P.O. Box Number is Not Acceptable)			
						82	Street Add				
	THE OFFICE OF C	JO 104			h	83	<del></del>		<del></del>		
I											· <u>·</u>
•						B4	City	ty FL 85 Zip C			
11. Pursuant	to the provisions of	Sections 607.0502	and 6	07.1508, Florida Statu	ites, the ab	ove	-named co	rporation submits this statement for the p	Irnose of	changing i	ts registered
office or to	egistered agent, or m familiar with, and	both, in the State of accept the obligat	of Florid	da. Such change was f, Section 607.0505, F	authorized Jorida Statu	yd aetr	the corpora	ation's board of directors. I hereby accep	t the app	ointment as	registered
•	The state of the s	woodpt the obligation		, , , , , , , , , , , , , , , , , , , ,	TOTAL STATE		•				
SIGNATURE	Signature typed or printed	I name of registered ager	and title	if applicable. (NC	TE Registered	Age	nt signature req	cured when reinstating)	DATE		
12.		OFFICERS AND	DIREC		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D			DELETE	1.1 TITL	.E				☐ Change	Addition
NAME	DE LA CAMARA				1.2 NA	WE					
STREET ADDRESS	615 ESCABAR				1.3 STA	REET	ADDRESS				
CITY - ST - ZIP	CORAL GABLE	S FL 33134		T belese	1.4 CIT		T-ZIP			T 1 05	1 4 4 4 5 5 4 4
TITLE				DELETE	2.1 TITU	_				Change	Addition
NAME					2.2 NAM						
STREET ADDRESS							ADORESS				
CITY-ST-ZIP TITLE	75/1			☐ DELETE	2.4 CIT		51 - ZIP	4	e e e	Change	Addition
NAME				T prese	32 NA		′		••	Shango	LL PAGEORI
STREET ADDRESS							ADDRESS				
					3.4. CIT						
CITY-ST-ZIP TITLE	<del></del>			DELETE	4.1 TITE		5) - TIL			Change	Addition
NAME				-	4. 2 NA						
STREET ADDRESS						_	ADDRESS				
CITY - ST - ZIP					4.4 CIT						
TITLE				DELETE	5.1 TiTi					Change	Addition
NAME					5.2 NAI	ME	a . Bartaganan a	80000209	26	40/	۱ ۸
STREET ADDRESS					5.3 STR	EET	ADORESS	<b>80000209</b> -02/20/970100	00	25[人	2/119
CITY - ST - ZIP					5.4 CIT	Y-S	T - ZIP	***165.00		1/	PI
TITLE	1			DELETE	6.1 TIF	LE				Change	Addition
NAME					6.2 NA)	ME	4 de	໑໐຺໐຺໐຺຺ຨ຺ຨ຺	<u>Ğ</u> 6.	49	
STREET ADDRESS					6.3 STR	REET	ADDRESS	-02/20/970100	16U	26	
DINEEL ADDRESS	F										
CITY - ST - ZIP					6.4 CIT			***8.75 ed in Section 119.07(3)(i), Florida Statute			