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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:09

DOCUMENT # **P94000008889 (5)**

1. Corporation Name

A-GENESIS PREMIUM FINANCE, INC.

Principal Place of Business
2625 S. W. 80TH AVE.
MIAMI FL 33155

Mailing Address
2625 S. W. 80TH AVE.
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/27/1994**

3a. Type of Annual Report

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0469872 — Applied For / Not Applicable

5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. Does corporation owe fees and taxes under F.S. 607.193 or Florida Statutes: [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

MARTIN, ALFREDO JR.
2625 S. W. 80TH AVE.
MIAMI FL 33155

10. Name and Address of New Registered Agent

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 of Registered Agent or Designated Officer

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARTIN, ALFREDO JR.
STREET ADDRESS	2625 S. W. 80TH AVE.
CITY ST ZIP	MIAMI FL 33155
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	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS

1. TITLE	[ ] Change [ ] Add
2. NAME	
3. STREET ADDRESS	
4. CITY ST ZIP	
5. TITLE	[ ] Change [ ] Add
6. NAME	
7. STREET ADDRESS	
8. CITY ST ZIP	
9. TITLE	[ ] Change [ ] Add
10. NAME	
11. STREET ADDRESS	
12. CITY ST ZIP	
13. TITLE	[ ] Change [ ] Add
14. NAME	
15. STREET ADDRESS	
16. CITY ST ZIP	
17. TITLE	[ ] Change [ ] Add
18. NAME	
19. STREET ADDRESS	
20. CITY ST ZIP	
21. TITLE	[ ] Change [ ] Add
22. NAME	
23. STREET ADDRESS	
24. CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption found 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 constitute 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 the name appears in Block 12 or Block 13 in charge of my signature and with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

1/26/95 305-446-4360

0166423 CP