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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P 44 00000 8884

1. Corporation Name

A-Genesis Finance Inc
PREMIUM

Principal Place of Business

Mailing Address

2809 BIRD AVE.
COCONUT GROVE FL
33133

P.O. BOX 331073
MIA FL 33233-1073

2. Principal Place of Business

2a. Mailing Address

21 2809 BIRD AVE.

26 P.O. BOX 331073

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Coconut Grove FLA

28 MIA FL 33233-1073

Zip

Zip

24 33133

29 33133

Country

Country

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30 DADR.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Alfredo Martin Jr.
2625 SW 80 AVE.
MIA FL 33155

81 Name

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

83

84 City

FL

85 Zip Code

I, the undersigned, being a resident of the State of Florida, do hereby certify that 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

President

3/1/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained on this annual report or supplement annual report is true and accurate and that my signature shall have the same legal effect as if made under the hand and official seal of the corporation or the officer 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 in Block 14 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/97

(305) 3-26

446-4360

CR2E034 (9/96)