

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000020899 (8)

1. Corporation Name

GENESIS SECURITY SERVICES, INC.

Principal Place of Business

111 NW 183RD STREET  
SUITE 410  
MIAMI FL 33169

Mailing Address

111 NW 183RD STREET  
SUITE 410  
MIAMI FL 33169-4520

2. Principal Place of Business

21 111 NW 183 Street  
Suite 406

2a. Mailing Address

26 111 NW 183rd Street  
Suite 406

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 406

27 Suite 406

City & State

City & State

23 Miami FL

28 Miami FL

Zip

Zip

24 33169

25 U.S.A.

Country

29 33169

30 U.S.A.

Country

9. Name and Address of Current Registered Agent

REYNOLDS, MALTIMORE M

111 N.W. 183RD ST.

SUITE 410

MIAMI FL 33169

81 Name

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

83

84 City

Reynolds Maltimore M.

111 NW 183 rd Street

Suite 406

miami

FL 33169

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

Maltimore Reynolds

Sign in ink. No printed name of registered agent or agent acceptable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/97

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSVT	<input type="checkbox"/> DELETE	1.1 TITLE	PSVT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, MALTIMORE M		1.2 NAME	Reynolds Maltimore	
STREET ADDRESS	111 N.W. 183RD ST. #410		1.3 STREET ADDRESS	111 NW 183 rd st # 406	
CITY-ST-ZIP	MIAMI FL 33169		1.4 CITY-ST-ZIP	miami FL 33169	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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 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: Maltimore Reynolds

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/97

905650983

Daytime Phone #

CR2E034 (9/96)