

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # P94000030131 (4)**

1. Corporation Name

**GENTEC ENTERPRISES, INC.**

**FILED**  
95 JUL 14 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address  
5800 SW 94TH PL 5800 SW 94TH PL  
MIAMI FL 33173 MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/18/1994  
3a. Date of Last Report

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

4. FEI Number 65-0488217 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  
9. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
DEARR, CRAIG R  
9100 DADELAND BLVD  
ONE DATRAN CENTER SUITE 1001  
MIAMI FL 33156

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ZAHRALBAN, ELIZABETH
STREET ADDRESS	5800 SW 94TH PL
CITY - ST - ZIP	MIAMI FL 33173
TITLE	D
NAME	ZAHRALBAN, ANTHONY
STREET ADDRESS	5800 SW 94TH PL
CITY - ST - ZIP	MIAMI FL 33173
TITLE	D
NAME	ZAHRALBAN, CHRISTINE
STREET ADDRESS	999 SIESTA KEY DR #214
CITY - ST - ZIP	DEERFIELD BEACH FL 33441
TITLE	D
NAME	SCARLETT, GREGG
STREET ADDRESS	999 SIESTA KEY DR #214
CITY - ST - ZIP	DEERFIELD BEACH FL 33441
TITLE	D
NAME	LALANI, NOORDIN S
STREET ADDRESS	8851 SW 142ND AVE #1511
CITY - ST - ZIP	MIAMI FL 33186
TITLE	D
NAME	GONZALEZ, ELIZABETH
STREET ADDRESS	8851 SW 142ND AVE #1511
CITY - ST - ZIP	MIAMI FL 33186

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	No Longer Partner
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	No Longer Partner
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 110.07(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: *Anthony Zahralban* 7/10/95 305-386-2483  
SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date (Day/Mo/Yr) (Telephone Number)

CR2E034 (3/95)