FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
'95 MAY -1 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000036256 (3)**

1. Corporation Name
GENCO INVESTMENT CORP.

Principal Place of Business	Mailing Address
444 BRICKELL AVE., STE. 300 RIVERGATE PLAZA MIAMI FL 33131	444 BRICKELL AVE., STE. 300 RIVERGATE PLAZA MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 650495448	☐ Applied For ☐ Not Applicable
21 18231 N.E. 4 COURT	26 18231 N.E. 4 COURT		
Suite Apt # etc 22	Suite Apt # etc 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23 NORTH MIAMI BEACH FL.	City & State 28 NORTH MIAMI BEACH FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33162 / 25 U.S.A	Zip / Country 29 33162 / 30 U.S.A	8. This corporation has been/will be audited by the Auditor General pursuant to Section 11.45(2) Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MERKIN, STEWART A 444 BRICKELL AVE., STE. 300 RIVERGATE PLAZA MIAMI FL 33131	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 Section 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: _____
(If changing Registered Agent, this must be signed by the new agent)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: D Name: LIGHTHOUSE, ANTHONY Address: 444 BRICKELL AVE., STE. 300 City/St/Zip: MIAMI FL 33131	Title: DIRECTOR ☒ Change ☐ Addition Name: LIGHTBOURNE, ANTHONY Address: 18231 N.E. 4 COURT City/St/Zip: NORTH MIAMI BEACH 33162
Title: DIRECTOR Name: LIGHTBOURNE, ANTHONY Address: 18231 N.E. 4 CT. City/St/Zip: NORTH MIAMI BEACH 33162	☐ Change ☐ Addition
Title: Name: Address: City/St/Zip:	☐ Change ☐ Addition
Title: Name: Address: City/St/Zip:	☐ Change ☐ Addition
Title: Name: Address: City/St/Zip:	☐ Change ☐ Addition
Title: Name: Address: City/St/Zip:	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurately transcribed and 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 added to the report with an address.

SIGNATURE: Anthony Lightbourne ANTHONY LIGHTBOURNE 24/4/95 305-654-0590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0132129 CP