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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:03

DOCUMENT # **P94000049932 (4)**

1. Corporation Name
GENESIS AUTO WHOLESALE, INC.

Principal Place of Business	Mailing Address
1803 S. AUSTRALIAN AVENUE SUITE A WEST PALM BEACH FL 33409	1803 S. AUSTRALIAN AVENUE SUITE A WEST PALM BEACH FL 33409
X 12496 S.W. 128 ST	SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1994
3a. Date of Last Report:

2. Principal Place of Business (21): % Bay # 103
2a. Mailing Address (26):

Suite, Apt. #, etc (22): Miami FLA
Suite, Apt. #, etc (27):

City & State (23): 33186
City & State (28):

Zip (24):
Country (25): USA
Zip (29):
Country (30): USA

4. FEI Number: 65-0500525 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTIN E. WASHOFSKY, P.A.
1803 S. AUSTRALIAN AVENUE
SUITE A
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

01 Name: OGDEN GREG.
02 Street Address (P.O. Box Number is Not Acceptable): 12496 S.W. 128 ST Bay 103
03
04 City: Miami FL
FL
05 Zip Code: 33186

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: X [signature] X GREG OGDEN X 5/12/95
(Signature, typed or printed name of registered agent and the date as required) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	OWNER - PRESIDENT ☐ Change ☐ Addition
NAME	OGDEN, GREG	12 NAME	X GREG OGDEN
STREET ADDRESS	1803 S. AUSTRALIAN AVENUE SUITE A	13 STREET ADDRESS	12496 S.W. 128 ST BAY # 103
CITY ST ZIP	WEST PALM BEACH FL 33409	14 CITY ST ZIP	MIAMI FLA 33186
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	REMITTED BY MAY 1. ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 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: X [signature] GREG OGDEN X 5/3/95 (305) X 255-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0248435 CP