

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAR -1 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070045 (7)

1. Corporation Name

GENESIS AUSTIN, INC.

Principal Place of Business

1840 WEST 49TH ST.
SUITE 712
HIALEAH FL 33012

Mailing Address

1840 WEST 49TH ST.
SUITE 712
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/22/1994	3a. Date of Last Report
4. FEI Number 65-0522467	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASTRO, EDUARDO E 17210 N.W. 64 AVE., STE. 111 MIAMI FL 33015	81 Name CARIDAD DELA O 82 Street Address (P.O. Box Number is Not Acceptable) 1840 W 49 ST. SUITE 712 83 84 City HIALEAH, FL FL 85 Zip Code 33012

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 a registered agent under Section 607.0506, Florida Statutes.

SIGNATURE

Caridad Dela O.

Signature of Registered Agent (Required when registering)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME DCAS TRO, EDUARDO E 17210 N.W. 64 AVE., STE. 111 MIAMI FL 33015	1.1 TITLE D-5 1.2 NAME CARIDAD DELA O 1.3 STREET ADDRESS 1840 W 49TH ST. SUITE 712 1.4 CITY-ST-ZIP HIALEAH, FL 33012 ☒ Change ☐ Addition
NAME	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
NAME	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
NAME	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
NAME	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
NAME	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on the 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. 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 of this report, or on an attachment with an address.

SIGNATURE:

Caridad Dela O.
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2-23-95 823-8718
DATE AND TELEPHONE NUMBER