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

PROFIT CORPORATION ANNUAL REPORT

1998 9

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

98 MAY 17 AM 8:32

TALLAHASSEE, FLORIDA

[redacted]

DOCUMENT # P94000070045 (7)

1. Corporation Name
GENESIS AUSTIN, INC.

Principal Place of Business	Mailing Address
1840 WEST 49TH ST. SUITE ~~518~~ 308 HIALEAH FL 33012 US	1840 WEST 49TH ST. SUITE ~~518~~ 308 HIALEAH FL 33012 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/22/1994

2. Principal Place of Business	2a. Mailing Address
21 1840 W 49 Street	26
Suite, Apt. #, etc. 22 SUITE 308	Suite, Apt. #, etc. 27
City & State 23 Hialeah, FLORIDA	City & State 28
Zip 24 33012 Country 25	Zip 29 Country 30

4. FEI Number
65-0522467

5. Certificate of Status Desired ☐ $8.75 Amt. Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 Added to Fee

8. This corporation owes or has paid the current Personal Property Tax due June 30 ☑ Yes ☐

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARIDAD, DELA O. 1840 W 49TH ST SUITE ~~518~~ 308 HIALEAH FL 33012	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85

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 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DS	☐ DELETE	1.1 TITLE	☐ Change ☐
NAME	CARDAD, DELA O.		1.2 NAME	
STREET ADDRESS	1840 W 49TH ST., SUITE ~~518~~ 308		1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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****150.00 ****150.00

14. I 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: Caridad Dela O Dela O. Caridad 4-14-98 (305) 819-0005