

* FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 *

CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
GENESIS DIAGNOSTICS GROUP INC

DOCUMENT #
P95000081981

Mailing Address Principal Place of Business

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21 8600 N.W. S. River Dr. Suite, Apt. #, etc. 22 Suite 233 City & State 23 MEDLEY, FL. Zip 24 33166	2a. Principal Place of Business 26 8600 N.W. S. River Dr. Suite, Apt. #, etc. 27 Suite 233 City & State 28 MEDLEY, FL. Zip 29 33166	3. Date Incorporated or Qualified	3a. Date of Last Report	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/> 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name LUIS E. QUINTERO	85 Zip Code 33016
82 Street Address (P.O. Box Number is Not Acceptable) 2450 W. 56 St. Apt. 16	
83	
84 City HIALEAH	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE *Jim Smith* DATE April 25, 1996

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE P	X Delete			1.1 TITLE P, S	X Change		
1.2 NAME Concepcion Chapotin				1.2 NAME LUIS E. QUINTERO			
1.3 STREET ADDRESS 1393 S.W. 1 St. #104B				1.3 STREET ADDRESS 2450 W. 56 St. Apt. 16			
1.4 CITY-ST-ZIP MIAMI, FL. 33135				1.4 CITY-ST-ZIP HIALEAH, FL. 33016			
2.1 TITLE				2.1 TITLE			
2.2 NAME				2.2 NAME			
2.3 STREET ADDRESS				2.3 STREET ADDRESS			
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5.3 STREET ADDRESS				5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP			
6.1 TITLE				6.1 TITLE			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP				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 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jim Smith

04/25/96

(305) 885-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone