

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

FILED

Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000003295 (8)**

1. Corporation Name
GENEVIEVE INTERNATIONAL, INC.

Principal Place of Business 1036 GULF VALLEY DRIVE APOPKA FL 32712	Mailing Address 1036 GULF VALLEY DRIVE APOPKA FL 32712
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3545 WILSHIRE BLVD. Suite, Apt. #, etc. 22 SUITE # 355		2a. Mailing Address 26 3545 WILSHIRE BLVD. Suite, Apt. #, etc. 27 SUITE #355		3. Date Incorporated or Qualified 01/10/1996	
23 LOS ANGELES, CA City & State 24 90010 Zip 25 USA Country		28 LOS ANGELES, CA City & State 29 90010 Zip 30 USA Country		4. FEI Number 59-3359611 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KEIDAISH, PHILIP F. JR. 505 WEKIVA SPRINGS ROAD SUITE 800 LONGWOOD FL 32779				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Chairman of the Board	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GIVENS, ROBERT W			1.2 NAME	Paul Nowak		
STREET ADDRESS	1036 GULF VALLEY DRIVE			1.3 STREET ADDRESS	1043 S. Stanley Ave.		
CITY-ST-ZIP	APOPKA FL 32712			1.4 CITY-ST-ZIP	Los Angeles, CA 90019		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRUDHOMME, JACQUES			2.2 NAME	Flor Nowak		
STREET ADDRESS	1036 GULF VALLEY DRIVE			2.3 STREET ADDRESS	1043 S. Stanley Ave.		
CITY-ST-ZIP	APOPKA FL 32712			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME	Belen Munoz		
STREET ADDRESS				3.3 STREET ADDRESS	22122 Bonita St.		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Carson, Ca 90745		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME	MARIANO ALVAREZ		
STREET ADDRESS				4.3 STREET ADDRESS	3545 Wilshire Blvd., Suite 355		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Los Angeles, Ca 90010	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: *Jacques Prudhomme* SECRETARY TREASURER

2-5-98

CR2E034 (1097)