


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000008467 (8)</b>		
1. Corporation Name <b>GENESIS CONSULTING &amp; SERVICES, INC.</b>		



Principal Place of Business <b>2000 ISLAND BLVD. SUITE 2803 WILLIAM ISLAND FL 33160</b> <i>OK</i>	Mailing Address <b>2000 ISLAND BLVD. SUITE 2803 WILLIAM ISLAND FL 33160</b> <i>OK</i>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>01/26/1996</b>	3a. Date of Last Report <b>01/03/97</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>650636658</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Country <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent <b>DA SILVA, FRANCISCO D 1500 S.E. 3RD COURT SUITE 100 DEERFIELD BEACH FL 33441</b>		10. Name and Address of New Registered Agent <b>81 Name FRANCISCO DANIEL DA SILVA</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 2000 ISLAND BLVD, #2803</b> <b>83</b> <b>84 City WILLIAMS ISLAND FL 85 Zip Code 33160</b>	
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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]* (NOTE: Registered Agent signature required when reinstating) DATE **07/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD DA SILVA, FRANCISCO D 2000 ISLAND BLVD., SUITE 2803 WILLIAM ISLAND FL 33160</b> <i>OK</i>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD DA SILVA, LIDIA F 2000 ISLAND BLVD., SUITE 2803 WILLIAM ISLAND FL 33160</b> <i>OK</i>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 697, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CP2E034 (4/97)