

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

FILED

May 07 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P96000041773 (8)

1. Corporation Name

GENESIS INTERNATIONAL ENTERPRISES, INC.



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| Principal Place of Business P.O. BOX 520677 MIAMI FL 33152 | Mailing Address P.O. BOX 520677 MIAMI FL 33152-0677 |
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|---|-------------------------|
| 3. Date Incorporated or Qualified 05/15/1996 | 3a. Date of Last Report |
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| 2. Principal Place of Business 21 3785 N.W. 82 Ave Suite, Apt. #, etc. 22 SUITE 312 City & State 23 MIAMI, FL Zip 24 33166 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 |
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| 4. FEI Number 65-0666539 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent EDEN, ADIB JR 448 POINCIANA ISLAND SUNNY ISLE FL 33186 | 10. Name and Address of New Registered Agent 81 Name ADIB EDEN 82 Street Address (P.O. Box Number is Not Acceptable) 3785 N.W. 82 AVE. 83 SUITE 312 84 City MIAMI FL 85 Zip Code 33166 |
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11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: ADIB EDEN DATE: 2/1/97
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | D | 1.1 TITLE | |
| NAME | EDEN, ADIB JR. | 1.2 NAME | |
| STREET ADDRESS | % P.O. BOX 52-0677 N/A | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33152 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | |
| NAME | CASADO, HENRY | 2.2 NAME | |
| STREET ADDRESS | % P.O. BOX 52-0677 N/A | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33152 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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

SIGNATURE: ADIB EDEN DATE: 2/1/97 DAYTIME PHONE: 305-513-9442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)