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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000058300 (0)

GENESIS TITLE SERVICES, CORP.

Principal Place	of Business	Mailing Address				i (ddien) (16 15112 51111 55111 55111 55111 55111 55111 55111 55111 55111
7171 CORAL WAY		7171 CORAL WAY				
SUITE 303		SUITE 303				DO NOT WRITE IN THIS SPACE
MIAMI FL 33155		MIAMI FL 33155 US			3. Date Incorporated or Qualified	
US		03				07/11/1996
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21	and or Eddinous	26				65-0678422 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$9.75 Additional
22		27			5. Certificate of Status Desired Fee Required	
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	гу		8. This corporation owes or has paid the current year Intangible
24	25					Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
AZA, S ILVIA			8	81 Name		
	POCATELLA ST.	82 Street A		Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33166		83	3		
				\perp	<u> </u>	85 Zip Code
			84	4	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abo	V6-1	named corp	oration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Florida. Such change was au nations of Section 607.0505. Flor	uthorized t ida Statute	oy ti es.	he corporati	ion's board of directors. I hereby accept the appointment as registered
	The state of the s	gament of comment	,,,,			
SIGNATURE	gont and the diapproable (NOTE:	NOTE: Registered Agent signature req		signature require		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	AZA, SILVIA		1.2 NAMÉ			
STREET ADDRESS	280 POCATELLA ST.		1.3 STREE	E1 AE	DORESS	
CITY-ST-ZIP	MIAMI FL 33168	D priere	1.4 CITY		ZIP	Change Addition
TITLE		☐ DELETE	2.1 TITLE			L Change L Addition
NAME.			2 2 NAME			
STREET ADDRESS			2.3 STREE1 ADDRESS			
CITY-ST-ZIP		DELETE	2. 4 C(TY - ST - Z(P) ETE 3.1 TITLE		- ZIP	☐ Change ☐ Addition
TITLE		Detere	i i			Change Problem
NAME			3.2 NAME 3.3 STREET ADDRESS		DDBCCC	
STREET ADDRESS			3.4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE	DELETE		4.1 TITLE		- 71	☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	-	DORESS	
CITY-ST-ZIP			4.0 OTTY-			
		DELETE	51 TITLE			Change Addition
NAME		·	5.2 NAME			
STREET ADDRESS			5 3 STREE	ΕΤ ΑΙ	.DDRESS	
CITY-ST-ZIP			54 CiTY	- ST -	· ZIP	
TITLE				61 TITLE		Change Addition
NAME			6.2 NAME	Ē		
STREET ADDRESS			63 STREE	ET AL	DDRESS	
CITY-ST-ZIP			64 C/TY-	- 51 -	-71P	
	ertify that the information supplied	with this filing does not qualify for		- 1		Section 119.07(3)(i), Florida Statutes. I further certify that the information
14. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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 corporalism or this receiver or trustee empowered to exocute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on ap attackment with an address.						
Block 12 or Block 13 if changed, or on ap attackment with an address.						