

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

FILED
Jun 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000008318
1. Corporation Name
GENEXO INFORMATION TECHNOLOGY, INC.

Principal Place of Business / Mailing Address
175 FONTAINEBLEAU BLVD.
SUITE 1A-3
MIAMI, FLORIDA 33172

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/97

4. FEI Number: 65-0727072

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent
JULIO C. PEREZ
9189 Fontainebleau Blvd. Apt. 11
Miami, FL. 33172

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 607.0508 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: *Julio Perez*

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	JULIO C. PEREZ
STREET ADDRESS	PRESIDENT
CITY, ST, ZIP	9189 Fontainebleau Blvd A-11 MIAMI, FL 33172
TITLE	<input type="checkbox"/> DELETE
NAME	JULIO C. PEREZ
STREET ADDRESS	VP 9189 Fontainebleau Blvd A-11
CITY, ST, ZIP	MIAMI, FL 33172
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	
7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
7. STREET ADDRESS	
7. CITY, ST, ZIP	
8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	
8. STREET ADDRESS	
8. CITY, ST, ZIP	

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-06/12/98-01091-007
***150.00

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included 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 of this report, or on an attached form with an address.

SIGNATURE: *[Signature]*

CR2E034 (10/97)