

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90205 027 ***150.00

DOCUMENT # P97000023814

1. Corporation Name

GENESIS CONSULTING GROUP INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

~~2492 SW 16TH STREET~~
MIAMI FL 33145

Mailing Address

~~2492 SW 16TH STREET~~
MIAMI FL 33145

2. Principal Place of Business

21 2494 S.W. 16 ST.

Suite, Apt. #, etc.

22 City & State

23 MIAMI, FL.

24 Zip 33145 25 Country USA

2a. Mailing Address

26 2494 S.W. 16 ST.

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL

29 Zip 33145 30 Country USA

3. Date Incorporated or Qualified

03/17/1997

4. FEI Number

65-0742672

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

PINEDA, OTTO R
1625 CYPRESS POINT DR.
CORAL SPRINGS FL 33061

(CHANGE
OF
ADDRESS)

10. Name and Address of New Registered Agent

81 Name Pineda, OTTO R.

82 Street Address (P.O. Box Number is Not Acceptable)
5685 N.W. 109th LANE

83

84 City CORAL SPRINGS

FL

85 Zip Code 33076

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

4/26/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME PINEDA, EDGAR
STREET ADDRESS 2492 SW 16TH STREET
CITY-ST-ZIP MIAMI FL 33145
(ADDRESS CHANGE)

TITLE VP/S
NAME PINEDA, VERONICA
STREET ADDRESS 2492 SW 16TH STREET
CITY-ST-ZIP MIAMI FL 33145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME PINEDA, EDGAR
1.3 STREET ADDRESS 2494 S.W. 16 STREET
1.4 CITY-ST-ZIP MIAMI FL 33145
Change ☒ Addition ☐

2.1 TITLE VICE PRESIDENT SECRETARY
2.2 NAME PINEDA, VERONICA
2.3 STREET ADDRESS 2494 S.W. 16 ST.
2.4 CITY-ST-ZIP MIAMI, FL. 33145
Change ☒ Addition ☐

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change ☐ Addition ☐

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change ☐ Addition ☐

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change ☐ Addition ☐

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change ☐ Addition ☐

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99

305.854.4926

CR2E034 (11/98)