

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90180 015 ***150.00

DOCUMENT # P98000034104

1. Corporation Name

GENERON DEVELOPMENT, INC.



Principal Place of Business

524 ARTHUR GUDFA-4 RD. #302
701 BRICKELL AVE. STE 1900
MIAMI FL 33131 MIAMI BEACH, FL
33140

Mailing Address

524 ARTHUR GUDFA-4 RD. #302
701 BRICKELL AVE. STE 1900
MIAMI FL 33131 MIAMI BEACH, FL 33140

U.S.A.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1998

2. Principal Place of Business

524 ARTHUR GUDFA-4 RD.

2a. Mailing Address

524 ARTHUR GUDFA-4 RD.

4. FEI Number

65-0832497

Applied For

Not Applicable

Suite, Apt. #, etc.

302

Suite, Apt. #, etc.

302

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH, FL

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

33140

Country

U.S.A.

Zip

33140

Country

U.S.A.

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELOFF, JONATHAN D ESQ.

701 BRICKELL AVE. STE 1900-1688 MERIDIAN AVE.

MIAMI FL 33131

MIAMI BEACH, FL 33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME GRABARNICK, PHILIP GENE
STREET ADDRESS 6480 ALLISON IS
CITY-ST-ZIP MIAMI BEACH, FL

TITLE V
NAME MILKO, RONALD S.
STREET ADDRESS 5500 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ 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 #

CR2E034 (11/98)