

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V08460** (0)

1. Corporation Name  
**GENESIS MOBILE DIAGNOSTICS, INC.**



Principal Place of Business: 7936 SW 8TH ST #199 MIAMI FL 33144  
Mailing Address: 7936 SW 8TH ST #133 MIAMI FL 33144

2. Principal Place of Business: 7936 SW 8TH ST #199 MIAMI FL 33144  
2a. Mailing Address: 7936 SW 8TH ST #133 MIAMI FL 33144

3. Date Incorporated or Qualified: 01/23/1992  
3a. Date of Last Report: 04/07/1995  
4. FEI Number: 65-0307643  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: VERA, ELSA, 7936 SW 8TH ST #133 MIAMI FL 33144  
10. Name and Address of New Registered Agent: [Blank]

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 officer 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] DATE: [Blank]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	VERA, ELSA	1. TITLE: P	EISA VERA
STREET ADDRESS: 7936 SW 8TH ST #133	MIAMI FL 33144	12. NAME: 8518 SW 8th St #106	MIAMI FL 33144
CITY-ST-ZIP: MIAMI FL 33144		13. STREET ADDRESS: MIAMI FL 33144	
TITLE: VT	GAMEZ, BLANIA	2. TITLE: UP	BLANCA GAMEZ
STREET ADDRESS: 7936 SW 8TH ST #133	MIAMI FL 33144	22. NAME: 8518 SW 8th St #106	MIAMI FL 33144
CITY-ST-ZIP: MIAMI FL 33144		23. STREET ADDRESS: MIAMI FL 33144	
TITLE: [Blank]	[Blank]	3. TITLE: [Blank]	[Blank]
NAME: [Blank]	[Blank]	32. NAME: [Blank]	[Blank]
STREET ADDRESS: [Blank]	[Blank]	4. TITLE: [Blank]	[Blank]
CITY-ST-ZIP: [Blank]	[Blank]	42. NAME: [Blank]	[Blank]
TITLE: [Blank]	[Blank]	43. STREET ADDRESS: [Blank]	[Blank]
NAME: [Blank]	[Blank]	44. CITY-ST-ZIP: [Blank]	[Blank]
STREET ADDRESS: [Blank]	[Blank]	5. TITLE: [Blank]	[Blank]
CITY-ST-ZIP: [Blank]	[Blank]	52. NAME: [Blank]	[Blank]
TITLE: [Blank]	[Blank]	53. STREET ADDRESS: [Blank]	[Blank]
NAME: [Blank]	[Blank]	54. CITY-ST-ZIP: [Blank]	[Blank]
STREET ADDRESS: [Blank]	[Blank]	6. TITLE: [Blank]	[Blank]
CITY-ST-ZIP: [Blank]	[Blank]	62. NAME: [Blank]	[Blank]
TITLE: [Blank]	[Blank]	63. STREET ADDRESS: [Blank]	[Blank]
NAME: [Blank]	[Blank]	64. CITY-ST-ZIP: [Blank]	[Blank]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature] DATE: 4/25/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Blank] (By the Printer #)

CR2E034 (12/95)