

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

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90001 011 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **V 33433**

1. Corporation Name
GENETIC ENGINEERING SERVICES CORP

Principal Place of Business Mailing Address
7201 SW 58 ST.
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/92

2. Principal Place of Business
21 **7201 SW 58 ST**

2a. Mailing Address
26 **7201 SW 58 ST**

4. FEI Number
65 0412 104

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27 **M**

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

City & State
23 **MIAMI FL**

City & State
28 **MIAMI FL**

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

Zip Country
24 **33143** 25 **USA**

Zip Country
29 **33143** 30 **USA**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GUTIERREZ, SENGIO
5625 W 20 AVE.
SUITE 307
MIAMI FL 33012

10. Name and Address of New Registered Agent

81 Name **MIGUEL C. ACOSTA**
82 Street Address (P.O. Box Number is Not Acceptable)
7201 SW 58 ST
83
84 City **MIAMI** FL 85 Zip Code **33143**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 this is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MAY 24, 1999

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PRESIDENT	SENGIO GUTIERREZ	5625 W 20 AVE	MIAMI FL 33012	<input type="checkbox"/>
SECRETARY	MIGUEL C. ACOSTA	7201 SW 58 ST	MIAMI FL 33143	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1.1				<input type="checkbox"/>	<input type="checkbox"/>
1.2				<input type="checkbox"/>	<input type="checkbox"/>
1.3				<input type="checkbox"/>	<input type="checkbox"/>
1.4				<input type="checkbox"/>	<input type="checkbox"/>
2.1				<input type="checkbox"/>	<input type="checkbox"/>
2.2				<input type="checkbox"/>	<input type="checkbox"/>
2.3				<input type="checkbox"/>	<input type="checkbox"/>
2.4				<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>
3.2				<input type="checkbox"/>	<input type="checkbox"/>
3.3				<input type="checkbox"/>	<input type="checkbox"/>
3.4				<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>
4.2				<input type="checkbox"/>	<input type="checkbox"/>
4.3				<input type="checkbox"/>	<input type="checkbox"/>
4.4				<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>
5.2				<input type="checkbox"/>	<input type="checkbox"/>
5.3				<input type="checkbox"/>	<input type="checkbox"/>
5.4				<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>
6.2				<input type="checkbox"/>	<input type="checkbox"/>
6.3				<input type="checkbox"/>	<input type="checkbox"/>
6.4				<input type="checkbox"/>	<input type="checkbox"/>

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

MAY 24 / 99 **305 666 6071**

Date

Daytime Phone #

CR2E034 (11/98)