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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1. Entity Nam GENES | S DISTRIBUTORS, INC. | | | | | | SECKETAR /ISION OF C | | | · | |
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| Sulle, Apt. #, etc. Sulle, Apt. #, etc. DO NOT WRITE IN THIS SPACE | 10100 NW 116 STE #15 MEDLEY FL 33 | S WAY | 10100 NW 116 WAY STE #15 MEDLEY FL 33178 | 10100 NW 116 WAY STE #15 MEDLEY FL 33178 | | | edii Giidi | | | | <i>6</i> 31 8:8((158) | |
| City & State City & State City & State City & State Country Country Country S. Certificate of Status Desired S. Set To Additional S. Certificate of Status Desired S. Set To Additional S. Certificate of Status Desired S. Set To Additional CANAHUATI, CARDUNA 3985 SW 151 TERR MIRAMAR FL 33027 City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature mode of printed man of inguited agent and title f exclusion. In the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature mode of inguited agent and title f exclusion. In the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature mode of inguited agent and title f exclusion. In the state of Florida. SIGNATURE Signature mode of inguited agent and title f exclusion. In the state of Florida. SIGNATURE Signature mode of the state of Florida. Signature mode of t | 2. Principal P | Place of Business | 3. Mailing Address | 3. Mailing Address | | | | | | | | |
| Note Applicable Section Sectio | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | DO NOT WRIT | E IN THIS SI | PACE | | |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANNHUATI, CAROLINA 3885 SW 151 TERR MIRAMAR FL 33027 6. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE 9. This corportation is eligible to satisfy its intamptible Tax flindy requirement end elies to do 50. (See orther or book) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE NAME SIRET ADDRESS CITY-S1-7P MIRAMAR FL Detel MIRAMAR FL De | City & Stat | е | City & State | City & State | | | l Number | 65-035681 | 4 | | | |
| CANAHUATI, CAROLINA 3885 SW 151 TERR MIRAMAR FL 33027 8. The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Synutra, typed or princh name of negationed agent and to a flaupitation. PLE NOW!!! FEE IS \$550.00 TAX filling requirement affor Bielists to do so. (See criteria or back) TAX filling requirement affor Bielists to do so. (See criteria or back) TAX filling requirement affor Bielists to do so. (See criteria or back) TAX filling requirement affor Bielists to do so. (See criteria or back) TAX filling requirement affor Bielists to do so. (See criteria or back) TAX filling requirement affor Bielists to do so. (See criteria or back) TAX filling requirement affor Bielists to do so. (See criteria or back) TAX filling requirement affor Bielists to do so. (See criteria or back) TAX filling requirement affor Bielists to do so. (See criteria or back) TAX filling requirement affor Bielists to do so. (See criteria or back) TAX filling requirement affor Bielists to do so. (See criteria or back) TAX filling requirement affor Bielists to do so. (See criteria or back) TAX filling requirement affor Bielists to do so. (See criteria or back) (See Criteria or back) TAX filling requirement affor Bielists to do so. (See Criteria or back) TAX filling requirement affor Bielists to do so. (See Criteria or back) TAX filling requirement affor Bielists to do so. (See Criteria or back) TAX filling requirement affor Bielists to do so. (See Criteria or back) TAX filling requirement affor Bielists to do so. (See Criteria or back) TAX filling requirement affor Bielists to do so. (See Criteria or back) TAX filling requirement affor Bielists to do so. (See Criteria or back) TAX filling requirement affor Bielists to do so. (See Criteria or back) TAX filling requirement affor Bielists to do so. (See Criteria or back) TAX filling requirement affor Bielists to do so. (See Criteria or back) TAX filling requirem | Zip | Country | Zip | Zip Country | | | | | | | | |
| CANAHUATI, CAROLINA 3885 SW 151 TERR MIRAMAR FL 33027 City FL Zip Code | | 6. Name and Address of Currer | nt Registered Agent | | | 7. Na | me and A | ddress of New Ro | egistered A | gent | | |
| 3985 SW 151 TERR MIRAMAR FL 33027 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. 7 Signature | | | Name | | | | | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Signature hyperal of political name of registered agent and tiol if applicable. PICTE Registered Agent signature required when remissaring DATE | 3985 SW 151 TERR | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| SIGNATURE 9. This corporation is eligible to satisfy its Intangible (See criteria on back) 11. OFFICERS AND DIRECTORS (TY. ST. 2P) CANAHUATI, CAROLINA 3985 SW 151 TERRACE MIRAMAR FL TITLE OBelete MIRAMAR FL Obelete TITLE OBelete TITLE OBelete TITLE OBelete TITLE OBelete TITLE OBelete TITLE ORDERS STREET ADDRESS CITY-ST- 2P) TITLE OBelete TITLE ORDERS AND DIRECTORS CITY-ST- 2P) TITLE OBelete TITLE OBelete TITLE OBelete TITLE OBelete TITLE ORDERS STREET ADDRESS CITY-ST- 2P) TITLE OBelete TITLE OBelete TITLE ORDERS STREET ADDRESS CITY-ST- 2P) TITLE OBelete TITLE OBelete TITLE ORDERS STREET ADDRESS CITY-ST- 2P) TITLE ORDERS CITY-ST- 2P) ORDE | | | | - | City | | | · . | FL | Zip Cod | 8 | |
| Tast fling requirement and elects to do so (See criteria on back) After SEPTEMBER 13, 2000 Min. will be \$750.00 (See criteria on back) Defices Added to Fees | ن راف | · | | | | _ | · | in the State of Flor | | | | |
| TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C | Tax filling requirement and elects to do so. After SEPTEMBER 13, 2 | | | | in. will be \$75 | | | | | | | |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | | ☐ Delete | NAME STREET | | | | | , | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | | ☐ Delete | | | | | | Name of | ☐ Change | Addition : | |
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| NAME STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS | | □ Delete | NAME STREET | | | M |)a/6 | : | Change | ☐ Addition | |
| 13. 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 report or supplemental 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 | NAME Street address City-St-Zip | - | | NAME STREET / CITY-ST | ADDRESS - ZIP | ection 11 | 9.07(3)(i) | Florida Statutes 1 | | | Addition | |

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.



Tuesday, September 05, 2000

Re: Document No.V66810

Dear Mr. Toner:

We have received your Letter Number: 800A00045470 also our company check and Form No. V66810 returned to us. Reason for letter not being clear to you.

We apologized for not being clear on our pervious letter, originally what happened was that for the past few months our Accounting Department has experienced numerous turnovers as indicated on previous letter. Form No.V66810 was not received and we were not aware that these fees were not paid, until we received the second notice.

Hoping that these time our letter it is very clear on reference what really happened and you can review this manner and try to waive the \$400.00 late fee, because we did not received original notice and it was not our intention to pay the filing fees late.

I am resubmitting the 2000 Uniform Business Report and Check No. 03553 for \$150.00. Hoping to hear from you as your earliest convenience, to avoid Administrative Dissolution/Revocation of our Corporation.

Sincerely,

Suyapa M. Godoy Office Manager

Cc: Felipe R. Ruiz, CPA