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95 APR 18 PM 5: 52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S84586 (4)

1. Corporation Name:
GENESIS ASSET MANAGEMENT, INC.

Principal Place of Business: **P. O. BOX 012949
MIAMI FL 33103
US**

Mailing Address: **P. O. BOX 012949
MIAMI FL 33101
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

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

23. City & State **28**

24. Zip **25** Country **29** Zip **30** Country

3. Date Incorporated or Qualified: **10/02/1991**

3a. Date of Last Report: **03/22/1994**

4. FEI Number: **65-0281914**

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 has liability for intangible tax under s. 194.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**GRAY, URANA
100 S. BISCAYNE BLVD.
STE 1100
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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 _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HAINES, WILLIAM
STREET ADDRESS	100 S. BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	CD
NAME	TIBOR, HOLLO
STREET ADDRESS	100 S BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	BAER, STEVE
STREET ADDRESS	100 S. BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	DAHAN, PHILIP C.
STREET ADDRESS	100 S. BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	GRAY, U. D.
STREET ADDRESS	100 SOUTH BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	HOLLO, WAYNE
STREET ADDRESS	100 S. BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAINES, SARAH
1.3 STREET ADDRESS	100 S. BISCAYNE BLVD.
1.4 CITY - ST - ZIP	MIAMI, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(b), 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 the 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: *U. D. Gray* Secretary **4/11/95** 358-7710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR