

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

FILED
Mar 31 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P96000003295 (8)
 1. Corporation Name
GENEVIEVE INTERNATIONAL, INC.



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|--|--|
| Principal Place of Business 1036 GULF VALLEY DRIVE APOPKA FL 32712 | Mailing Address 1036 GULF VALLEY DRIVE APOPKA FL 32712 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 3545 WILSHIRE BLVD. | | 2a. Mailing Address 26 3545 WILSHIRE BLVD. | | 3. Date Incorporated or Qualified 01/10/1996 | |
| Suite, Apt., etc. 22 SUITE # 355 | | Suite, Apt. #, etc. 27 SUITE #355 | | 4. FEI Number 59-3359611 | |
| City & State 23 LOS ANGELES, CA | | City & State 28 LOS ANGELES, CA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 90010 | | Zip 29 90010 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 USA | | Country 30 USA | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent KEIDAISH, PHILIP F. JR. 505 WEKIVA SPRINGS ROAD SUITE 800 LONGWOOD FL 32779 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |
| | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | Chairman of the Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIVENS, ROBERT W | 1.2 NAME | Paul Nowak |
| STREET ADDRESS | 1036 GULF VALLEY DRIVE | 1.3 STREET ADDRESS | 1043 S. Stanley Ave. |
| CITY-ST-ZIP | APOPKA FL 32712 | 1.4 CITY-ST-ZIP | Los Angeles, CA 90019 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PRUDHOMME, JACQUES | 2.2 NAME | Flor Nowak |
| STREET ADDRESS | 1036 GULF VALLEY DRIVE | 2.3 STREET ADDRESS | 1043 S. Stanley Ave. |
| CITY-ST-ZIP | APOPKA FL 32712 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Belen Munoz |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 22122 Bonita St. |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Carson, Ca 90745 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | MARIANO ALVAREZ |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 3545 Wilshire Blvd., Suite 355 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Los Angeles, Ca 90010 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: *Jacques Prudhomme* SECRETARY TREASURER **2-5-98**

CR2E034 (1097)