

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Mar 12 1998 8:00am  
Secretary of State

DOCUMENT # M14119 (5)  
1. Corporation Name  
HENCORP, INC.



Principal Place of Business  
777 BRICKELL AVE  
STE 1010  
MIAMI FL 33131  
US

Mailing Address  
777 BRICKELL AVE  
STE 1010  
MIAMI FL 33131  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

3. Date Incorporated or Qualified  
04/18/1985

4. FEI Number  
59-2570891

Applied For  
Not Applicable

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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HENRIQUEZ, RAUL  
777 BRICKELL AVE  
STE 1010  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                 | STREET ADDRESS         | CITY-ST-ZIP      | DELETE                   |
|-------|----------------------|------------------------|------------------|--------------------------|
| D     | HENRIQUEZ, VICTOR M. | 370 WEST MCINTYRE      | KEY BISCAIYNE FL | <input type="checkbox"/> |
| DPS   | HENRIQUEZ, RAUL      | 445 GRAND BAY DR #1007 | KEY BISCAIYNE FL | <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 | DELETE | Change                   | Addition                 |
|-------|------|----------------|-------------|--------|--------------------------|--------------------------|
| 1.1   | 1.2  | 1.3            | 1.4         | 1.5    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1   | 2.2  | 2.3            | 2.4         | 2.5    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1   | 3.2  | 3.3            | 3.4         | 3.5    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1   | 4.2  | 4.3            | 4.4         | 4.5    | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1   | 5.2  | 5.3            | 5.4         | 5.5    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1   | 6.2  | 6.3            | 6.4         | 6.5    | <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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/98

(305) 373-9000

Date

Daytime Phone # 0180105

CR2E034 (10/97)