


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

FILED

**Feb 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000032456 (4)
 1. Corporation Name
THE HENRIQUES GROUP, P.A.



Principal Place of Business 7 NW 2ND ST 218 MIAMI FL 33128 US	Mailing Address 7 NW 2ND STREET 218 MIAMI FL 33128 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1001 BRICKELL BAY DR Suite, Apt. #, etc. 2310 22 City & State MIAMI FL 23 Zip 33131 Country USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 05/03/1993	4. FEI Number 65-0561610 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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 HENRIQUES, GENNIEVE 7 NW 2ND STREET 218 MIAMI FL 33128	10. Name and Address of New Registered Agent 81 Name HENRIQUES GENNIEVE 82 Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DR #2310 83 City miami 84 City FL 85 Zip Code 33131
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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]* DATE 2.17.98

12. OFFICERS AND DIRECTORS	
TITLE PSD NAME HENRIQUES, GENNIEVE STREET ADDRESS 7 NW 2ND STREET CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE D NAME HENRIQUES, OWEN STREET ADDRESS 7 NW 2ND STREET, #218 CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PSD 1.2 NAME HENRIQUES, GENNIEVE 1.3 STREET ADDRESS 1001 BRICKELL BAY DR #2310 1.4 CITY-ST-ZIP miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE D 2.2 NAME HENRIQUES, OWEN 2.3 STREET ADDRESS 1001 BRICKELL BAY DR #2318 2.4 CITY-ST-ZIP miami FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (10/97)