

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

1082

0050892

PROFIT CORPORATION ANNUAL REPORT 1998



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

98 NOV 30 AM 10:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000099734 (0)

1. Corporation Name  
 JOSE HENAO LOCKSMITH, CORP.



Principal Place of Business: 8880 SW 6TH LANE MIAMI FL 33174-2459  
 Mailing Address: 8880 SW 6TH LANE MIAMI FL 33174-2459

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/20/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		65-0796384	
24 Zip		29 Zip		5. Certificate of Status Desired	
25 Country		30 Country		Applied For	
				Not Applicable	
				8.75 Additional Fee Required	
				5. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent  
 HENAO, JOSE G  
 8880 SW 6TH LANE  
 MIAMI FL 33174-2459

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PDS <input type="checkbox"/> DELETE
NAME	HENAO, JOSE G
STREET ADDRESS	8880 SW 6TH LANE
CITY-ST-ZIP	MIAMI FL 33174-2459
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	600002707536-9
1.4 CITY-ST-ZIP	-12/09/98-01074-032
	***150.00 ***150.00
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 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: (X) SIGNATURE REQUIRED 11-14-98 (305) 223-8488  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)

*20/2*

NOVEMBER 3rd, 1998

TO SECRETARY OF STATE  
RE.: CORPORATION ANNUAL REPORT  
JOSE HENAO LOCKSMITH, CORP.

WITH THIS LETTER I AM ASKING THAT YOU PLEASE PARDON THE  
PENALTY PAYMENT FOR THE CORPORATION ANNUAL REPORT OF MY  
CORPORATION, JOSE HENAO LOCKSMITH, CORP. (65-0796384).

THE FIRST AND SECOND NOTICES WERE PLACED MISTAKENLY IN A  
NEIGHBOR'S MAILBOX, AND THEY WERE RECENTLY BROUGHT TO MY  
ATTENTION.

THANK YOU.

  
\_\_\_\_\_  
JOSE HENAO  
PRESIDENT