

4/7
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jul 30 1996 8:00 am
Secretary of State

DOCUMENT # 231196 (7)
 1. Corporation Name
HENRY LEE COMPANY



Principal Place of Business Mailing Address
3301 N.W. 125TH STREET MIAMI FL 33167 **3301 N.W. 125TH STREET MIAMI FL 33167**

3. Date Incorporated or Qualified **12/18/1959** 3a. Date of Last Report **05/01/1995**
 4. FEI Number **59-0896500** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
STERNLIEB, HENRY
3301 N.W. 125TH STREET
MIAMI FL 33167

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 _____ (NOTE: Registered Agent's signature required when appointing)
 Signature of principal place of business agent and title if applicable _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNLIEB, HENRY	12 NAME	
STREET ADDRESS	6608 MAYNADA ST	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNLIEB, EDWARD	22 NAME	
STREET ADDRESS	3088 BRIKLAKE	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROEDER, ROSS	32 NAME	
STREET ADDRESS	4700 S BOYLE AVE	33 STREET ADDRESS	
CITY-ST-ZIP	VERNON CA	34 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARADO, DONALD	42 NAME	
STREET ADDRESS	4700 S BOYLE AVE	43 STREET ADDRESS	
CITY-ST-ZIP	VERNON CA	44 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVERTY, ROGER M III	52 NAME	
STREET ADDRESS	4700 S BOYLE AVE	53 STREET ADDRESS	
CITY-ST-ZIP	VERNON CA	54 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, MARTIN	62 NAME	
STREET ADDRESS	4700 S BOYLE AVE	63 STREET ADDRESS	
CITY-ST-ZIP	VERNON CA	64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Alexander VP.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/96 *305-685-5851*

CR2E034 (3/96)