


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

FILED
Apr 22 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 # 231196 (7)

1. Corporation Name
HENRY LEE COMPANY



Principal Place of Business 3301 N.W. 125TH STREET MIAMI FL 33167	Mailing Address 3301 N.W. 125TH STREET MIAMI FL 33167
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1959	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-0896500	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

SUTHERLAND, ALLAN C 3301 N.W. 125TH STREET MIAMI FL 33167				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 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERNLIEB, HENRY	1.2 NAME	Primeose, Michael
STREET ADDRESS	8808 MAYNADA ST	1.3 STREET ADDRESS	3301 NW 125th St.
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Mia, FL 33167
TITLE	PCD <input type="checkbox"/> DELETE	2.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNLIEB, EDWARD	2.2 NAME	Sternlieb, Edward
STREET ADDRESS	3088 BRIKLAKE	2.3 STREET ADDRESS	3088 Briklake
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft Lauderdale, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROEDER, ROSS	3.2 NAME	Emmons, Dr. Robert J.
STREET ADDRESS	4700 S BOVIE AVE	3.3 STREET ADDRESS	524 Chapala Street
CITY-ST-ZIP	VERNON CA	3.4 CITY-ST-ZIP	Santa Barbara, CA 93101
TITLE	DCEO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARADO, DONALD	4.2 NAME	
STREET ADDRESS	4700 S BOYLE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON CA	4.4 CITY-ST-ZIP	
TITLE	DC <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVERTY, ROGER M III	5.2 NAME	
STREET ADDRESS	4700 S BOYLE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON CA	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, MARTIN	6.2 NAME	
STREET ADDRESS	4700 S BOYLE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON CA	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: _____ DATE: _____

CR2E034 (10/97)