

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **254637** (2)

1. Corporation Name
HENRY END'S INTERNATIONAL DESIGN, INC.



Principal Place of Business: **2000 TOWERSIDE TERRACE APT. 2107 MIAMI FL 33138**
Mailing Address: **2000 TOWERSIDE TERR. T57 MIAMI FL 33138 US**

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

3. Date Incorporated or Qualified: **01/04/1962** 3a. Date of Last Report: **03/03/1995**
4. FEI Number: **59-0950097** 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

9. Name and Address of Current Registered Agent

**END, HENRY
2000 TOWERSIDE TERR., APT. 2107
MIAMI FL 33138**

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 607.1808, 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: **1-27-96**

(If FEI Registered Agent signature required, please print name and date)

DATE

12. OFFICERS AND DIRECTORS
TITLE: **P** DELETE
NAME: **END, HENRY**
STREET ADDRESS: **2000 TOWERSIDE TERR.**
CITY-STATE-ZIP: **MIAMI FL**
TITLE: **VP** DELETE
NAME: **END, JESSIE**
STREET ADDRESS: **2000 TOWERSIDE TERR.**
CITY-STATE-ZIP: **MIAMI FL**
TITLE: **S** DELETE
NAME: **KOCH, JACQUE**
STREET ADDRESS: **9910 COLLINS AVE., APT. 4**
CITY-STATE-ZIP: **MIAMI BEACH FL**
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:
TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: Change Addition
12 NAME:
13 STREET ADDRESS:
14 CITY-STATE-ZIP:
21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-STATE-ZIP:
31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-STATE-ZIP:
41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-STATE-ZIP:
51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-STATE-ZIP:
61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-STATE-ZIP:

14. I do hereby certify that the information furnished 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, 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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 (305) 891-3450
DATE DAYTIME PHONE

CR2E034 (12/95)