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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 529691

(8)

1. Corporation Name

HENRIQUEZ ELECTRIC CORPORATION

Principal Place of Business

1207 N HIMES AVE
TAMPA FL 33607

Mailing Address

1207 N HIMES AVE
TAMPA FL 33607

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

Country

29

30

9. Name and Address of Current Registered Agent

HENRIQUEZ, KENNETH R
1207 N HIMES AVE
TAMPA FL 33607

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 607.0503, Florida Statutes.

SIGNATURE

Signature of person who is authorized to sign this statement

Signature of person who is authorized to sign this statement

Signature

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
P	HENRIQUEZ, KENNETH R	1207 N HIMES AVE	TAMPA FL	☐
VPS	HENRIQUEZ, SHARON M	1207 N HIMES AVE	TAMPA FL	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY, ST, ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY, ST, ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY, ST, ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 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 199.07(3)(b), 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 resident or licensee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

SHARON M. HENRIQUEZ
4/15/96

813-237-3106

CR2E034 (12/95)