PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F24730 1. Corporation Name

HENRY'S FOR THE TRADE, INC.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90160 016 ***150.00



	··				
Principal Place	of Business	Mailing Address			
3831 NE 2ND AVE 3281 NE 2 AVE					
2 FL 2 FL					DO NOT WRITE IN THIS SPACE
MIAMI FL 33137 MIAMI FL 33137					3. Date Incorporated or Qualifed
US					04/10/1981
2 Orinoinal Di	loce of Business	2a. Mailing Address			4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address 21 +000 N MIAMI AUE 26 4000 N M.			IAMI AUE		59-2104837 Not Applicable
	#, etc. —	Suite, Apt. #, etc.			\$8:75 Additional
			= /		5. Certificate of Status Desired Fee Required
22 M/AM/ FL 27 M/AM/ I City & State City & State					6. Election Campaign Financing 55.00 May Be
City d Olate		⊢ ' ' ' ' -	,		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
24	25	29 30	, ,		Personal Property Tax. ☐ Yes ☐ No
24	9. Name and Address of Current		·		10. Name and Address of New Registered Agent
			81	Name	
SAN	CHEZ, CONCEPCION F		-		Harry (D.O. Davidson in Nat Assortable)
790 W. 70TH PLACE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
	EAH FL		83	 	
					
	•		84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the abov	e-named co	orporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	anzed by	the comora	ation's board of directors. I hereby accept the appointment as registered
-	Idininal Willi, and accept the congat	10/13 01, GGG1011 GG7.0000, Florida	0.0.0.0		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Reg	istered Age	nt signature req	ulred when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	1	Change Addition
NAME	SANCHEZ, ENRIQUE A		1.2 NAME	Ì	
STREET ADDRESS	790 W 70TH PLACE		1.3 STREE	T ADDRESS	
CITY-ST-ZiP	HIALEAH FL		1.4 CITY-S	T-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	- T	☐ Change ☐ Addition
NAME	SANCHEZ, CONCEPCION F		2.2 NAME		· ·
ETTREET ADDRESS	790 W_70TH PLACE		2.3 STREE	T ADDRESS	Manager of the Manage
CITY-ST-ZIP	HIALEAH FL		2. 4 CITY-	ST-ZIP	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	,	'	3.2 NAME	İ	
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. CITY-		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME	{	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			4.4 CITY-S		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	1	
STREET ADDRESS	•		5.3 STREE	TADDRESS	ė.
			5.4 CITY-9	ST-ZIP	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
}			6.2 NAME	-	
NAME				T ADDRESS	
STREET ADDRESS CITY-ST-ZIP					
	1		6.4 CITY-5	11.4.11	

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 officeration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ress, with all other like empowered.

SIGNATURE

MRED