

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED 10/2
 AND
 FILED

98 JUL 14 AM 9:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0021084

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F79718 (5)
 1. Corporation Name
 HENRY DISTRIBUTORS INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: PEDRO FROMETA, 695 EAST 10TH AVENUE, HIALEAH FL 33010, US
 Mailing Address: PEDRO FROMETA, 695 EAST 10TH AVENUE, HIALEAH FL 33010, US

3. Date Incorporated or Qualified: 05/06/1982
 4. FEI Number: 59-2191319
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: PEDRO FROMETA, 695 EAST 10TH AVENUE, HIALEAH FL 33010

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 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

TITLE	PV	<input type="checkbox"/> DELETE
NAME	FROMETA, PEDRO	
STREET ADDRESS	9852 S.W. 21ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	700002592387-4
1.3 STREET ADDRESS	-07/17/98-01094-002
1.4 CITY-ST-ZIP	****150.00 ****150.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ 7/2/98 (305) 889-2887

CR2E034 (5/98)

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HENRY DISTRIBUTORS INC.
695 East 10th Avenue Hialeah, Fl. 33010 Phone: (305) 889-2887

July 2, 1998

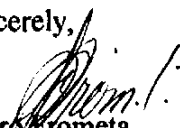
Florida Department Of State
Divisions Of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attn Customer Service:

On July 1, 1998 I received a notice stating that I had not filed for the 1998 corporation annual report, however back in March I sent my application along with a check in the amount of \$150.00. I check with my bank and verified that as of today the check had not been cashed. I called your customer service department and explained what was going on. They advised me to send a new check and a letter explaining what had occurred. Enclosed you will find a check for the filing fee in the amount of \$150.00 and also a copy of the stop payment form.

If you have any questions please do not hesitate to contact me at 305-889-2887.

Sincerely,


Pedro Prometa
FEI Number 59-2191319