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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

(2)

H.E.N.I. ENTERPRISES, INC.

Principal Place of Business Mailing Address % HENRY J. OLMINO * HENRY J. OLMÍNO 1313 E. LAS OLAS BLVD. 1313 E. LAS OLAS BLVD. FORT LAUDERDALE FL 33301-2333 FORT LAUDERDALE FL 33301-2333 3. Date incorporated or Qualified 3a. Date of Last Report 10/23/1989 01/26/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0193835 26 21

Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country This corporation has liability for intangible tax under s. 199.032, 25 Florida Statutes Yes No 24 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name OLMINO, HENRY J JR. 1313 E. LAS OLAS BLVD 82 Street Address (P.O. Box Number is Not Acceptable) # 501 63 FORT LAUDERDALE FL 33301 84 City Zip Code 85

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, typeol or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE Change Addition 1.1 TITLE TITLE OLMINO, HENRY J. 1.2 NAME NAME 1313 E. LAS OLAS BLVD. 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 1.4 CITY-ST-ZIP C(TY - \$1 - Z)> TITLE DELETE 2.1 TITLE Change ☐ Addition KAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-ZiP 2.4 CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TOLE 3.2 NAME HAME STREET ADDRESS **33 STREET ADDRESS** CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition Change THILE 4.1 TITLE 4. 2 NAME STHEET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE Change TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TILLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS COY-ST-2IF 6.4 CITY - \$1 - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(!), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report by 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 trastee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

SIGNATURE: AND THE OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR 1-6-97 954-764-6926

FILED

May 08 1997 8:00am

Secretary of State

Applied For

Not Applicable

0258516