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

PROFIT CORPORATION ANNUAL REPORT



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

1996

MENT # M21878

(7)

DOCUMENT #
1. Corporation Name

HEN-REM ENTERPRISES, INC.

Principal Place of Business 1428 S.W. 103RD. AVE. MIAMI FL 33174 Mailing Address

1428 S.W. 103RD. AVE. MIAMI FL 33174



				MIMMI FL 30174							
								3. Date Incorporated or Qualified 10/11/1985	3a. I)	ate of Las 05/01/	1995
2. Principal Plac	e of Busine	SS	2a.	Mailing Address				4. FEI Number		ļ	Applied For
21			26					59-2598200			Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State				City & State				6. Election Campaign Financing	r-1	\$5	.00 May Be
23			28					Trust Fund Contribution			ded to Fees
Zip		Country		Žip		Country	,	8. This corporation has liability or		tax unde	rs 199.032,
24		25	29		30				□ No		
	9. Name	and Address of Curren	t Regis	tered Agent		<u> </u>		10. Name and Address of New F	Registere	d Agent	
						81	Name				
BEADE,	CARIDAD					82	Street Ad	dress (P.O. Box Number is Not Acceptal	ole)		
	V. 103RD.	AVE.									
MIAMI FL						83					
1770 4111 7 4						84				85	Zip Code
						64	City		[=		2p 0000
or registere	diagent or l	both, in the State of Florion of the obligations of, Sect	da. Sudi	h chance was authori:	ized by th	se cort	ooration's bo	oration submits this statement for the pu ard of directors. I hereby accept the app	onuneni	as registe	red agent. I am
S	Signature, typed o	or printed name of registered agent					nt signature requ	ired when reinstating!	DATE		77000 IN 10
12.		OFFICERS AN	D DIREC			3.		ADDITIONS/CHANGES TO OF	-ICERS P		
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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 of changed, or on an attachment with an address.

SIGNATURE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date