

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

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M95669** (1)
1. Corporation Name
HENNIKER ENTERPRISES, INC.

Principal Place of Business C/O KUPFER, KUPFER & SKOLNICK, P.A. 1700 UNIVERSITY DR. CORAL SPRINGS FL 33071-6089	Mailing Address C/O KUPFER, KUPFER & SKOLNICK, P.A. 1700 UNIVERSITY DR. CORAL SPRINGS FL 33071-8905
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3. Date Incorporated or Qualified 08/24/1988		3a. Date of Last Report 02/27/1996	
4. FEI Number 98-0058097		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	30 City & State
22 City & State	28 City & State	29 Zip	30 Country
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

**KUPFER, PAUL H., ESQ.
1700 UNIVERSITY DR.
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	V/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBNEY, ANA MARIA	1.2 NAME	
STREET ADDRESS	5100 ZONA POSTAL 1050	1.3 STREET ADDRESS	
CITY - ST - ZIP	CARACAS VE	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CELESTINO IGNACIO DIAZ LAVIE
STREET ADDRESS		2.3 STREET ADDRESS	5100 ZONA POSTAL 1050
CITY - ST - ZIP		2.4 CITY - ST - ZIP	CARACAS, VE
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	CELESTINO DIAZ MADRUFF
STREET ADDRESS		3.3 STREET ADDRESS	5100 ZONA POSTAL 1050
CITY - ST - ZIP		3.4 CITY - ST - ZIP	CARACAS, VENEZUELA
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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)(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: *Ana Maria de Brey* **ANA MARIA DE BREY** 2/6/97 (954) 755-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)