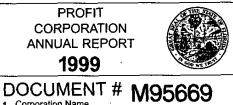
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90058 024 \*\*\*150.00

HENNIKE	R ENTERPRISES, INC.					}				
Principal Place of Business Mailing Address								DIBIL BIBIL DIBIL B		
C/O KUPFER. KUPFER & SKOLNICK. P.A. 1700 UNIVERSITY DR. CORAL SPRINGS FL 33071-6089  C/O KUPFER. KUPFER & SKOLNICK. P.A. 1700 UNIVERSITY DR. CORAL SPRINGS FL 33071-6089						•.	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  08/24/1988			
2 Principal Pi	ace of Business	2a. Mailing	2a. Mailing Address				El Number	Ap	plied For	
21	000 01 242022	<u> </u>	26				98-0058097	No	t Applicable	
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				Certifcate of Status Desired	<b>\$8.75</b> A		
City & State		City & S	City & State			"-	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29		Country		1 '	This corporation owes the current year to Personal Property Tax.	ntangible	No	
9. Name and Address of Current Registered Agent						10. N	Name and Address of New Registere	d Agent		
KUPFER, PAUL H., ESQ. 1700 UNIVERSITY DR. CORAL SPRINGS FL 33071  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes			82 83 84	City	ornoration	D. Box Number is Not Acceptable)  For the purpose of the purpose o	of changing its	registered		
office or re	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such	change was aut	horized by	the corpor	ation's boa	rd of directors. I hereby accept the app	ointment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered ag	sent and title if applicable	. (NOTE; R	tegistered Ager	t signature rec	uired when resn	nstating) DATE			
12.		ND DIRECTORS		13.		AD	DITIONS/CHANGES TO OFFICERS A			
TITLE	VSTD		☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	DEBREY, ANA MARIA			1.2 NAME	)	DIAZI	ANA MARIA DE BREY		Ì	
STREET ADDRESS	s 5100 ZONA POSTAL 1050 14			1.3 STREET	ADDRESS					
CITY-ST-ZIP	CARACAS VE			1.4 CITY-S	T-ZIP					
TITLE	PD		□ DELETE	2.1 TITLE		VID	•	<b>∑</b> Change	Addition	
NAME	DIAZ LAVIE, CELESTINO I			2.2 NAME	1					
STREET ADDRESS	5100 ZONA POSTAL 1050			2.3 STREET	ADDRESS				Į	
CITY-ST-ZIP	CARACAS VE			2. 4 CITY- S						
· TITLE	VD -		DELETE	3.1 TTLE	İ	P/O		Change	☐ Addition	
NAME	MONSEFF, CELESTINO D			3.2 NAME	}					
STREET ADDRESS	5100 ZONA POSTAL 1050			3.3 STREE	ADDRESS					
CITY-ST-ZIP	CARCAS_VE			3.4. CITY-S	T-ZIP			<u> </u>		

6.4 CITY-ST-ZIP 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 suppliemental 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 receive 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 or an attackment with an address, with all other like approvered.

4.1 TITLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

**SIGNATURE** 

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

Change

☐ Change

☐ Addition

Addition

☐ Addition