

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

FILED
Mar 11 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 # P34136 (2)
 1. Corporation Name
HENRY LEE EXPORT CORPORATION



Principal Place of Business 3301 NORTHWEST 125TH STREET MIAMI FL 33167	Mailing Address 3301 NORTHWEST 125TH STREET MIAMI FL 33167-2409
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3. Date Incorporated or Qualified 05/30/1991	3a. Date of Last Report 07/30/1996
4. FEI Number 66-0475958	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite Apt # etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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9. Name and Address of Current Registered Agent
STERNLIEB, HENRY
3301 NORTHWEST 125TH STREET
MIAMI FL 33167

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STERNLIEB, EDWARD I.		1.2 NAME Sutherland, Allan	
STREET ADDRESS 3088 BRIKDALE		1.3 STREET ADDRESS 3301 NW 125 Street	
CITY- ST- ZIP FT LAUDERDALE FL		1.4 CITY- ST- ZIP Miami, FL	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUTHERLAND, ALLAN		2.2 NAME D'Amour, Kevin F.	
STREET ADDRESS 3301 N.W. 125TH STREET		2.3 STREET ADDRESS 3 HD Estate Bakker	
CITY- ST- ZIP MIAMI FL		2.4 CITY- ST- ZIP St. Thomas US	
TITLE AS	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME D'AMOUR, KEVIN F		3.2 NAME D'Amour, Susan H.	
STREET ADDRESS 3 HD ESTATE BAKKERO		3.3 STREET ADDRESS 3 HD Estate Bakker	
CITY- ST- ZIP ST. THOMAS US		3.4 CITY- ST- ZIP St. Thomas US	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STERNLIEB, HENRY		4.2 NAME Chiavelli, Dennis	
STREET ADDRESS 3301 NW 125 ST.		4.3 STREET ADDRESS 3301 NW 125 St.	
CITY- ST- ZIP MIAMI FL		4.4 CITY- ST- ZIP Miami, Florida.	
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: *[Signature]* **REQUIRED** 3/4/97 305-685-5877

CR2E034 (9/96)