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FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000032456 (4)

1. Corporation Name

THE HENRIQUES GROUP, P.A.



Principal Place of Business

7 NW 2ND ST
218
MIAMI FL 33128
US

Mailing Address

7 NW 2ND STREET
218
MIAMI FL 33128
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1993

4. FEI Number

65-0561610

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 1001 BRICKELL BAY DR
Suite, Apt. #, etc.

22 2310

23 MIAMI FL

24 33131 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 29 30

9. Name and Address of Current Registered Agent

HENRIQUES, GENNIEVE
7 NW 2ND STREET 218
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name

HENRIQUES, GENNIEVE

82 Street Address (P.O. Box Number is Not Acceptable)

1001 BRICKELL BAY DR #2310

83

MIAMI

84 City

FL

85 Zip Code
33131

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2.17.98

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME HENRIQUES, GENNIEVE
STREET ADDRESS 7 NW 2ND STREET
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME HENRIQUES, OWEN
STREET ADDRESS 7 NW 2ND STREET, #218
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD ☒ Change ☐ Addition

1.2 NAME HENRIQUES, GENNIEVE
1.3 STREET ADDRESS 1001 BRICKELL BAY DR #2310
1.4 CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME HENRIQUES, OWEN
2.3 STREET ADDRESS 1001 BRICKELL BAY DR #2310
2.4 CITY-ST-ZIP MIAMI FL 33131

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 2.17.98

CR2E034 (10/97)