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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000031201 (4)

HENRY K. PRODUCTIONS INC.

HEINNI	K. PHODUCTIONS INC.					
Principal Place	of Business	Mailing Address				
20220 BOCA WEST DRIVE THE COVE 903 BOCA RATON FL 33434		20220 BOCA WEST DRIVE TH E COVE 903 BOCA RATON FL 33434			DO NOT WRITE IN THIS SPACE	
US		US				3. Date Incorporated or Qualified
O Delegioni Di	non of Business	2a. Mailing Address				04/22/1994 4. FEI Number Applied For
——————————————————————————————————————	ace of Business	<u>├</u> ¬				
Suite, Apt	# Atc	Suite, Apt. #, etc.			S8.75 Additional	
22	,	[27]			5. Certificate of Status Desired Fee Required	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Cou	Country		8. This corporation owes or has paid the current year Intangible
24	25	29	30	o		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren	it Registered Agent		041		10. Name and Address of New Registered Agent
KAF	RYO, MAX			81	Name	
	CAMINO GARDENS BLVD			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
	CA RATON FL 33432		i	В3		
				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	Signature, typed or printed name of registered ago	and title if applicable (NC	DTE: Registere	d Ager	nt signature re	equired when reinstaling) DATE
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TI	1.1 TITLE		Change Addition
NAME	Karyo, Henry		1.2 N	AME		
STREET ADDRESS	20220 BOCA WEST DRIVE			rree i	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CI	TY-\$1	r-21P	
TIFLE	D	☐ DELETE	2.1 TI	2.1 TITLE		Change Addition
NAME	KARYO, MAURICE		2.2 N/	2.2 NAME		
STREET ADDRESS	20220 BOCA WEST DRIVE		2.3 ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434			2.4 CITY-S		Change Addition
TITLE		☐ DELETE		3.1 TITLE		Change Addition
NAME			3.2 N/		10000000	
STREET ADDRESS					ADDRESS	į
CITY-ST-ZIP		DELETE	3.4. C 4.1 TI	11Y-S	1 - ZIP	☐ Change ☐ Addition
TITLE		C) been	4. 2 N			
NAME DIRECT ADDRESS					ADDRESS	
STREET ADDRESS					l l	
CITY-ST-ZIP TITLE		DELETE	5.1 TI	TY-ST	1-41r	Change Addition
NAME			5.2 N/			
STREET ADDRESS					ADDRESS	
- 1				ITY-SI		
CITY-ST-ZIP TITLE		DELETE	6.1 TI		. c.n	☐ Change ☐ Addition
NAME		-	6.2 N/			· · -
STREET ADDRESS					ADDRESS	
CITY-ST-769				TY-SI		

14. 1 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 and will 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 of truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an organization with an address.

11/2/05

FILED

Apr 14 1998 8:00am

Secretary of State

CR2E034 (10/97)