SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION

HENRIMAR ENTERPRISES, INC.

## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS DOCUMENT #** P97000094595 (0) Corporation Name

**FILED** Jul 29 1998 8:00am



Principal Place of Business Mailing Address 6555 NORTHWEST NINTH AVENUE 8555 NORTHWEST NINTH AVENUE SUITE 208 SUITE 208 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/04/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65-0793831 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 . GARCOA, CARLOS H 6555 NORTHWEST NINTH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 208** 83 FORT LAUDERDALE FL 33309 City Zip Code 85 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PSD** TITLE 1.1 TITLE \_\_ Change \_\_\_ Addition DELETE GARCAO, CARLOS H NAME 1.2 NAME 6555 NORTHWEST NINTH AVE. STE 208 STREET ADORESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 21 TITLE Change Addition GARCAO, AURIMAR GERACO NAME 2 2 NAME 6555 NORTHWEST NINTH AVE. STE 208 2.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE Change DELETE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIF 3,4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change \_\_\_ Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITLE DELETE -08/04/98--01001--024 NAME 5.2 NAME \*\*\*150.00 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE TITLE Change DELETE Addition NAME 6.2 NAME 6.3 STREET ADDRESS 7.79 STREET ADDRESS

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, pri on an attachment with an address.

CR2E034 (5/98)