

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90052 044 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000105625

1. Corporation Name  
HENCAR, INC.

Principal Place of Business  
SUNTRUST INTERNATIONAL CENTER  
ONE SOUTHEAST THIRD AVENUE #2400  
MIAMI FL 33131

Mailing Address  
SUNTRUST INTERNATIONAL CENTER  
ONE SOUTHEAST THIRD AVENUE #2400  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1997

4. FEI Number

APPLIED FOR 65-0816228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 200 S.E. First Street

Suite, Apt. #, etc.

22 Suite 705

City & State

23 Miami, Florida

Zip

Country

24 33131

25 US

2a. Mailing Address

26 200 S.E. First Street

Suite, Apt. #, etc.

27 Suite 705

City & State

28 Miami, Florida

Zip

Country

29 33131

30 US

9. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M ESQ  
SUNTRUST INTERNATIONAL CENTER  
ONE SOUTHEAST THIRD AVENUE #2400  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Henry E. Wolff

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

200 S.E. First Street

83

Suite 705

84

City Miami

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WOLFF, HENRY E

STREET ADDRESS C/O 200 S.E. 1ST STREET #705

CITY-ST-ZIP MIAMI FL 33131

TITLE D ☐ DELETE

NAME WOLFF, HENRY E JR

STREET ADDRESS C/O 200 S.E. 1ST STREET #705

CITY-ST-ZIP MIAMI FL 33131

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)