

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90016 049 ***150.00

DOCUMENT # P98000020486

1. Corporation Name
HENROCK CORP

Principal Place of Business
1883 NW 7 ST #4
MIAMI FL 33125

Mailing Address
1883 NW 7 ST #4
MIAMI FL 33125



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|-------------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 7391 SW 42 ST. | | 26 40 | | 03/02/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, FINANZAS, INC. | | 4. FEI Number | |
| 22 | | 27 85 GRAND CANAL DRIVE | | 65-0817176 | |
| City & State | | City & State SUITE 305 | | Applied For | |
| 23 MIAMI, FL | | 28 MIAMI, FLORIDA 33144 | | Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired | |
| 24 33125 | | 30 | | 8.75 Additional Fee Required | |
| Country | | Country | | 6. Election Campaign Financing | |
| 25 | | 31 | | Trust Fund Contribution | |
| 26 | | 32 | | 5.00 May Be Added to Fees | |
| 27 | | 33 | | 8. This corporation owes the current year Intangible | |
| 28 | | 34 | | Personal Property Tax. | |
| 29 | | 35 | | Yes No | |

9. Name and Address of Current Registered Agent

VELAR, JORGE
5045 SW 112 PL
MIAMI FL 33165

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------|---|--|
| TITLE | D | 1.1 TITLE | |
| NAME | VELAR, JORGE | 1.2 NAME | |
| STREET ADDRESS | 5045 SW 112 PL | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33165 | 1.4 CITY-ST-ZIP | |
| TITLE | | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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

4/14/99

Date

(305) 269-8388

Daytime Phone #

CR2E034 (11/98)

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