


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

0286953

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90084 009 \*\*\*150.00

PROFIT- CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000067151**

1. Corporation Name  
**HENRIMAR HEADLINE NEWS, INC.**

Principal Place of Business <b>6555 NORTHWEST NINTH AVENUE SUITE 208 FT LAUDERDALE FL 33309</b>	Mailing Address <b>6555 NORTHWEST NINTH AVENUE SUITE 208 FT LAUDERDALE FL 33309</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/31/1998**

4. FEI Number

**650859089**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 **80 NE 168th Street**

2a. Mailing Address  
26 **80 NE 168th STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
23 **NORTH MIAMI BEACH**

City & State  
28 **NORTH MIAMI BEACH**

Zip Country  
24 **33162** 25 **FL, USA**

Zip Country  
29 **33162** 30 **FL, USA**

9. Name and Address of Current Registered Agent

**GARCAO, CARLOS H  
6555 NORTHWEST NINTH AVENUE  
SUITE 208  
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**80 NE 168th Street**

83

84 City  
**N.M.B**

85 Zip Code  
**FL 33162**

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

TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCAO, CARLO H</b>	
STREET ADDRESS	<b>6555 NORTHWEST NINTH AVENUE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33309</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GARCAO, AURIMAR G</b>	
STREET ADDRESS	<b>6555 NORTHWEST NINTH AVENUE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33309</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>80 NE 168th Street</b>
1.4 CITY-ST-ZIP	<b>N.M.B FL 33162</b>

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>80 NE 168th Street</b>
2.4 CITY-ST-ZIP	<b>NMB FL 33162</b>

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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** **CARLOS H. GARCAO** **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/99**

Date

**605) 6528200**

Daytime Phone #

CR2E034 (11/98)