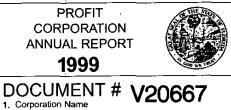
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1999

HENCORP REALTY INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90190 008 ***158.75

								E115 885 1 3 14 15 16 16 16 16 16 16 16		
Principal Place of Business Mailing Address								**** **********************************		
777 BRICKELL AVENUE 777 BRICKELL AV			BRICKELL AVENUE							
SUITE 1010		SU	SUITE 1010							
MIAMI FL 33131		MIA	MIAMI FL 33131			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed 03/11/1992		· · · · · · · · · · · · · · · · · · ·	
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number			Applied For
1		26					65-0381613			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	(5 2		Additional
		27	27				g, Certificato of Ciatas 2001100		Fee	Required
City & State			City & State				6. Election Campaign Financing		\$5.0	0 May Be
23		28					Trust Fund Contribution		Adde	d to Fees
Zip	Country		Zip	Cou	intry	•	g. This corporation owes the cur	rent year Int		_
24	25	29		30			Personal Property Tax.		Yes	No
	9. Name and Address of Cu	rrent Regis	tered Agent		L,	·	10. Name and Address of New I	Registered	Agent	
					81	Name				
	RIQUEZ, MARIO				82	Street Add	dress (P.O. Box Number is Not Accept	able)		_
151 CRANDON BLVD.				0.000.7.4						
SUITE 1100					83					
KEY	BISCAYNE FL 33131				84	City			85 2	p Code
					04	City		FL	_ 03 -	p 0000
agent. I a	m familiar with, and accept the o	bligations of,	Section 607.0505, Fig.	onda Stat	utes	i. 	ion's board of directors. I hereby acce			
	Signature, typed or printed name of registere				Agen	nt signature requir	red when reinstating)	DATE	- DIDEO	TODO IN 12
12.		S AND DIRE		. 13.			ADDITIONS/CHANGES TO OF	FICERS AF	Chang	
TITLE	PSTD		☐ DELETE	1.1 TI						le 🗆 Madillori
NAME	HENRIQUEZ, MARIO			1.2 N						
STREET ADDRESS	151 CRANDON BLVD, APT	#1100		1.3 \$	TREET	TADDRESS				
CITY-ST-ZIP	MIAMI FL				TY-S	T-ZIP				e
TITLE			☐ DELETE	2.1 Tr	TLE				Chang	e Magazon
NAME				2.2 N	AME	.				
STREET ADDRESS				2.3 \$	TREET	TADDRESS				
CITY-ST-ZIP				2.40	ITY-S	ST-ZIP				
TITLE			☐ DELETE	3.1 TI	TLE		•		☐ Chang	e Addition
NAME				3.2 N	AME					
STREET ADDRESS				3.3 \$	REET	T ADORESS				
CITY-ST-ZIP				3.4. C	ITY-S	ST-ZIP				
TITLE			☐ DELETE	4.1 Tr	TLE	J	,		Chang	je 🗌 Addition
NAME				4. 2 N	AME					
STREET ADDRESS				4.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP				4.4 ÇI	TY-S	T-ZIP				
TITLE			☐ DELETE	5.1 7(Chang	je 🗌 Addition
NAME				5.2 N	AME					
STREET ADDRESS				5.3 \$1	REET	TADDRESS				
CITY-ST-ZIP				5.4 CI	TY-S	T-ZIP				
TITLE			☐ DELETE	6.1 77	TLE				Chanç	ge 🔲 Addition
NAME				6.2 N	AME					
STREET ADORESS				6.3 \$	TREET	TADDRESS	•			
				-						

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: