

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -7 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V69816** (9)

1. Corporation Name  
**HENRI'S RESORT INC.**

Principal Place of Business: **320 N.W. 183RD ST MIAMI FL 33169 US**  
Mailing Address: **P.O. BOX 695310 MIAMI FL 33269 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/05/1992**  
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21 Henri's Resort, Inc**  
2a. Mailing Address: **26 P.O. Box 695310**  
22. City & State: **27 Miami, FL 33269**  
23. City & State: **28 Miami, FL 33269**  
24. Zip: **25 33169** Country: **29 USA** Country: **30 USA**

4. FEI Number: **65-0390982**  
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**  
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CARSWELL, HENRIETTA  
320 NW 183RD STREET  
MIAMI FL 33168**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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: *Henrietta Carswell*

DATE: **3/1/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>CARSWELL, HENRIETTA</b>
STREET ADDRESS	<b>9125 LITTLE RIVER DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b>
NAME	<b>CARSWELL, LORIANN D</b>
STREET ADDRESS	<b>9125 LITTLE RIVER DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b>
NAME	<b>CARSWELL, ARTHUR W</b>
STREET ADDRESS	<b>9125 LITTLE RIVER DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
2.3 STREET ADDRESS	
24 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
3.3 STREET ADDRESS	
34 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
4.3 STREET ADDRESS	
44 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
5.3 STREET ADDRESS	
54 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
6.3 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I declare, certify, that the information required with this filing is voluntarily furnished and 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 person 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 of this report. I am not affiliated with an address.

SIGNATURE: *Henrietta Carswell*

*Henrietta Carswell* 3/1/95 305 836 99 48