

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M37359** (0)

1. Corporation Name  
**HORUS BLUEPRINT, INC.**



Principal Place of Business: **C/O NESTOR M. TORRES, 7293 S.W. 24 ST., MIAMI FL 33155**  
Mailing Address: **C/O NESTOR M. TORRES, 7293 S.W. 24 ST., MIAMI FL 33155**

2. Principal Place of Business: **21 7360 CORAL WAY, SUITE, APT. #, etc. MIAMI, FL. 33155 DADE**  
2a. Mailing Address: **26 7360 CORAL WAY, SUITE, APT. #, etc. MIAMI, FL. 33155 DADE**

3. Date Incorporated or Qualified: **08/26/1986**  
3a. Date of Last Report: **04/04/1995**  
4. FEI Number: **59-2708765**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **TORRES, NESTOR M., 7293 S.W. 24 ST., MIAMI FL 33155**

10. Name and Address of New Registered Agent: **81 Name: TORRES, NESTOR M. 82 Street Address (P.O. Box Number is Not Acceptable): 7360 S.W. 24 ST. (Coral Way) #5 83 City: Miami FL 85 Zip Code: 33155**

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, if not applicable, (Name of Registered Agent Signature required when changed) Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	TORRES, NESTOR	
STREET ADDRESS	7293 SW 24TH ST.	
CITY- ST- ZIP	MIAMI FL 33155	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of Chapter 607, Florida Statutes.

SIGNATURE: **NESTOR TORRES** 3/21/96 305-261-7238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)