

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN -8 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047127
1. Corporation Name
Horizon Equities Corp.

Principal Place of Business Mailing Address
7150 S.W. 62 Avenue
Suite 107
Miami, FL 33143

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. See above		2a. See above		6/20/94			
22. Suits, Apt #, etc		26. Suits, Apt #, etc		4. FEI Number		Applied For	
				65-0505927		Not Applicable	
23. City & State		27. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
				<input checked="" type="checkbox"/>			
24. Zip		25. Country		28. Zip		29. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81. Name Christi L. Elias			
				82. Street Address 7150 S.W. 62nd Ave.			
				83. Suite 107			
				84. City Miami FL 85 Zip Code 33143			

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: Christi L. Elias Christi L. Elias 5/26/95
Signature and typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gwynn M. Elias	1.2 NAME	Christi L. Elias
STREET ADDRESS	7150 SW 62 Ave.	1.3 STREET ADDRESS	7150 SW 62 Ave
CITY ST ZIP	Miami, FL 33143	1.4 CITY ST ZIP	Miami, FL 33143
TITLE	Vice President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Lane	2.2 NAME	
STREET ADDRESS	7150 SW 62 Ave.	2.3 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33143	2.4 CITY ST ZIP	
TITLE	Vice President	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven Sandler	3.2 NAME	
STREET ADDRESS	1428 Brickell Ave, 6th Floor	3.3 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33131	3.4 CITY ST ZIP	
TITLE	Secretary / Treasurer	4.1 TITLE	
NAME	Christi L. Elias	4.2 NAME	
STREET ADDRESS	7150 SW 62 Ave	4.3 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33143	4.4 CITY ST ZIP	
TITLE	Director	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gwynn M. Elias	5.2 NAME	
STREET ADDRESS	7150 SW 62 Ave	5.3 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33143	5.4 CITY ST ZIP	
TITLE	Director	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beverly M. Elias	6.2 NAME	
STREET ADDRESS	7150 SW 62 Ave	6.3 STREET ADDRESS	
CITY ST ZIP	Miami, FL 33143	6.4 CITY ST ZIP	

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T.S. 6/8/95

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 110 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.

SIGNATURE: [Signature] 5/26/95 305-661-1815
Signature and typed or printed name of signing officer or director. Date. Office Phone