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

Mailing Address

MIAMI FL 33131

2a. Mailing Address

Suite, Apt. #, etc.

SUITE 800

27

444 BRICKELL AVENUE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000046708

1. Corporation Name

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

444 BRICKELL AVENUE

SUITE 800

21

22

MIAMI FL 33131

HORIZON PROPERTIES OF MIAMI, INC.

City & Stati	e ·	28 City &	State			6.	Election Campa Trust Fund Con				. 00 M ded to	lay Be Fees
Zip	Country	Zip		Country			This corporation		ent vear Int			
24	25	29	[:	30		0.	Personal Prope		ent year ma	Yes		⊒No
	9. Name and Address of (1		10.	Name and Add		Registered .	Agent		
				81	Nan	ne						
JOH	n o. Sutton											
2655	Lejeune RD			82	Stre	et Address (F	P.O. Box Number	is Not Accepta	able)			
PH II				83						,		
COR	AL GABLES FL 33134			"								
				84	City				FL	85	Zip Co	ode
office or re agent. I ar	to the provisions of Sections 60 egistered agent, or both, in the n familiar with, and accept the	State of Florida, Such	change was aut	thorized by	the co	ed corporatio prporation's be	n submits this sta oard of directors.	tement for the I hereby accer	purpose of of the appoin	changin ntment a	g its re is regi:	egistered stered
SIGNATURE	Signature, typed or printed name of registe	ered agent and title if applicable	. (NOTE: F	Registered Agen	t signatu	re required when	reinstating)		DATE			
12.		RS AND DIRECTORS		13.			ADDITIONS/CHA	NGES TO OF	FICERS AN	D DIRE	CTOR	S IN 12
TITLE	D		☐ DELETE	1.1 TITLE			,			☐ Cha		Addition
NAME	BENES, JOEL E			1.2 NAME								
STREET ADDRESS	21150 NE 20TH AVEMIE			1.3 STREET	ADORE	ss						
C/TY-ST-ZIP	NORTH MIAMI BEACH FL	. 33179		1.4 CITY-ST	- ZIP							
TITLE	D		DELETE	2.1 TITLE						☐ Cha	nge	Addition
NAME	ALVARINO, JORGE			2.2 NAME								
STREET ADDRESS	8845 NW 149TH TERR			2.3 STREET	ADDRE	ss	:					
CITY-ST-ZIP	MIAMI FL			2. 4 CITY-S	Γ-ZIP]	5					
TITLE			☐ DELETE	3.1 TITLE				-	: <u> </u>	Cha	nge 😁	Addition
NAME				3.2 NAME								
STREET ADDRESS				3.3 STREET	ADDRE	ss						
CITY-ST-ZIP				3.4. CITY-S	- Z)P							
TITLE			☐ DELETE	4.1 TITLE						. Cha	nge	☐ Addition
NAME				4. 2 NAME								
STREET ADDRESS				4.3 STREET	ADDRE	ss						
CITY-ST-ZIP				4.4 CITY-ST	-ZIP							
TITLE			☐ DELETE	5.1 TITLE						☐ Cha	nge .	☐ Addition
NAME				5.2 NAME								
STREET ADDRESS				5.3 STREET	ADDRES	ss						
CITY-ST-ZIP				5.4 CITY-ST	-ZIP							
TITLE			☐ DELETE	6.1 TITLE						Chai	nge	Addition
NAME				6.2 NAME								,
STREET ADDRESS				6.3 STREET	ADDRES	ss						
CITY+ST-ZIP				6.4 CITY-ST	-ZIP							
14. I hereby o	ertify that the information suppl	lied with this filing doe:	s not qualify for t	he exemption	on sta	ted in Section	119.07(3)(i), Flo	rida Statutes. I	further cert	ify that t	he info	rmation

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90139 024 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed .

06/15/1995 4. FEI Number

65-0589149

5. Certifcate of Status Desired

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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 or an attachment with an address, with all other like empowered.

SIGNATURE:

305-350-9944