FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 NON-PROFIT ORGANIZATION $130.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 6:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/20/95--01111--020
****130.00 ****130.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # 755575

1. Corporation Name
HORIZONS WEST CONDOMINIUM NO.1 ASSOC., INC.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 8400 SW 133 Avenue Rd.	26 8400 SW 133 Avenue Rd.
Suite, Apt #, etc 22	Suite, Apt #, etc 27 #221
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33183 Country 25	Zip 29 33183 Country 30

4. FEI Number 59-2066758 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name Reina Mora
82 Street Address (P.O. Box Number is Not Acceptable) 8400 SW 133 Avenue Road, #221
83
84 City MIAMI FL 85 Zip Code 33183

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 X Reina Mora 4/13/95
Signature, typed or printed name of registered agent and title if applicable | NOTE: Registered Agent signature required when reinstating | DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1 TITLE President / 1 NAME Reina Mora / 1 STREET ADDRESS 8400 SW 133 Avenue Rd. #221 / 1 CITY-ST-ZIP Miami, FL 33183	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2 TITLE Vice-President/Director / 2 NAME Vicenta Saldana / 2 STREET ADDRESS 8400 SW 133 Avenue Rd. #417 / 2 CITY-ST-ZIP ~~Miami, FL 33183~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3 TITLE Director / 3 NAME Lilian Levin / 3 STREET ADDRESS 8400 SW 133 Avenue Rd. #404 / 3 CITY-ST-ZIP ~~Miami, FL 33183~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4 TITLE Treasurer/Secretary / 4 NAME Carmen Guasch / 4 STREET ADDRESS 8400 SW 133 Avenue Rd. #412 / 4 CITY-ST-ZIP ~~Miami, FL 33183~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5 TITLE Mary Gitto / 5 NAME 8400 SW 133 Avenue Rd. #123 / 5 STREET ADDRESS Miami, FL 33183 / 5 CITY-ST-ZIP Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	☐ Change ☐ Addition

REMITTED BY MAY 1 + 9

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)(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: X Reina Mora 4/13/95 386 2262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #