FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G99494 (8)

1. Corporation Name

HORIZON LEASING CORP.

Principal Place of Business	Mailing Address
11880 BIRD ROAD SUITE 201 MIAMI FL 33175 US	11880 BIRD ROAD SUITE 201 MIAMI FL 33175 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 8701 S.W. 137th Ave.	26 8701 S.W. 137th Ave.
Suite, Apt. #, etc. 22 #300	Suite, Apt. #, etc. 27 #300
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33183 Country 25 USA	Zip 29 33183 Country 30 USA

4. FEI Number: 59-2400876 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCDAVIT, BETTY 11880 BIRD ROAD #201 MIAMI FL 33175	81 Name John Mudd 82 Street Address (P.O. Box Number is Not Acceptable) 8701 S.W. 137th Ave. 83 #300 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 ______ John Mudd 4/18/95
Signature, Typed or Printed Name of Registered Agent and Title if Applicable — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	1 TITLE	[X] Change [ ] Addition
NAME	HANTMAN, ARNOLD	1 NAME	
STREET ADDRESS	11880 BIRD ROAD #201	1 STREET ADDRESS	8701 S.W. 137th Ave., #300
CITY-ST-ZIP	MIAMI FL	1 CITY-ST-ZIP	Miami, FL 33183
TITLE	T	2 TITLE	[X] Change [ ] Addition
NAME	WIENER, A.B.	2 NAME	
STREET ADDRESS	11880 BIRD ROAD #201	2 STREET ADDRESS	8701 S.W. 137th Ave., #300
CITY-ST-ZIP	MIAMI FL	2 CITY-ST-ZIP	Miami, FL 33183
TITLE	SD	3 TITLE	[X] Change [ ] Addition
NAME	MUDD, JOHN	3 NAME	
STREET ADDRESS	11880 BIRD ROAD #201	3 STREET ADDRESS	8701 S.W. 137th Ave., #300
CITY-ST-ZIP	MIAMI FL	3 CITY-ST-ZIP	Miami, FL 33183
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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)(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: ______ John Mudd, Secretary/Director 4/18/95 (305)383 2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0190062 CP