


4.28-97 B- 5628 -C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>G99494</b> (8) 1. Corporation Name <b>HORIZON LEASING CORP.</b>			
Principal Place of Business <b>8701 SW 137TH AVE 300 MIAMI FL 33183 US</b>		Mailing Address <b>8701 SW 137TH AVE 300 MIAMI FL 33183-4498 US</b>	
2. Principal Place of Business 21 <b>11880 Bird Road</b> Suite, Apt. #, etc. 22 <b>#201</b> City & State 23 <b>Miami, FL</b> Zip 24 <b>33175</b>		2a. Mailing Address 26 <b>11880 Bird Road</b> Suite, Apt. #, etc. 27 <b>#201</b> City & State 28 <b>Miami, FL</b> Zip 29 <b>33175</b> Country 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>03/09/1984</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>59-2400876</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>MUDD, JOHN 8701 137TH AVE SUITE 300 MIAMI FL 33183</b>		10. Name and Address of New Registered Agent 81 Name <b>John Mudd</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>11880 Bird Road</b> 83 <b>#201</b> 84 City <b>Miami</b> <b>FL</b> 85 Zip Code <b>33175</b>	
11. Pursuant to the provisions of Sections 607.0402 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 <b>John Mudd</b> Signature, typed or printed name of registered agent and date 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	<b>VPD SCHAEFER, PAUL 8701 SW 137TH AVE, #300 MIAMI FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11880 Bird Road, #201 Miami, FL 33175</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD WIENER, A.B. 8701 137TH AVE SUITE 300 MIAMI FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11880 Bird Road, #201 Miami, FL 33175</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MUDD, JOHN 8701 137TH AVE SUITE 300 MIAMI FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11880 Bird Road, #201 Miami, FL 33175</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MIRANDA, ELDA 8701 SW 137TH AVE, #300 MIAMI FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11880 Bird Road, #201 Miami, FL 33175</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do hereby certify that the information supplied with this filing 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: <b>John Mudd</b> 305-229-3949 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)