

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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90027 029 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L52957

1. Corporation Name
HORCHERS, INC.

Principal Place of Business

~~2665 S. BAYSHORE DR.~~
~~SUITE 002~~
~~MIAMI FL 33133~~

Mailing Address

~~2665 S. BAYSHORE DR.~~
~~SUITE 002~~ ~~ATTN: MICHAEL ORTIZ~~
~~MIAMI FL 33133~~
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1990

4. FEI Number

65-0177221

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees.

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business *c/o Ortiz*

21 **328 Minorca Avenue**

Suite, Apt. #, etc.

22 **2nd Floor**

City & State

23 **Coral Gables, FL**

Zip Country

24 **33134**

25 **USA**

2a. Mailing Address *c/o Ortiz*

26 **328 Minorca Avenue**

Suite, Apt. #, etc.

27 **2nd Floor**

City & State

28 **Coral Gables, FL**

Zip Country

29 **33134**

30 **USA**

9. Name and Address of Current Registered Agent

ORTIZ, MICHAEL
~~2665 S. BAYSHORE DR.~~
~~SUITE 002~~
~~MIAMI FL 33131 5312~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

328 Minorca Avenue

83 **2nd Floor**

84 City

Coral Gables,

FL

85 Zip Code

33134

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

[Signature]
 Signature, typed or printed name of registered agent and title if applicable.

[Signature]
 (NOTE: Registered Agent signature required when reinstating)

DATE

4/14/99

12. OFFICERS AND DIRECTORS

TITLE DELETE

PD
ORTIZ, MICHAEL
~~2665 S. BAYSHORE DR.~~
~~MIAMI FL~~

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS **328 Minorca Avenue, 2nd Floor**
 1.4 CITY-ST-ZIP **Coral Gables, FL 33134**

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS **S Lissette Benitez**
 2.4 CITY-ST-ZIP **328 Minorca Avenue, 2nd Floor Coral Gables, FL 33134**

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Ortiz 4/14/99

305-476-5270

Date

Daytime Phone #

CR2E034 (11/98)