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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:54

DOCUMENT # **M23621** (9)

1. Corporation Name
BLUE BAY FINANCE CORPORATION

Principal Place of Business	Mailing Address
C/O PHOENIX TRADE FINANCE CORP. 12661 SOUTH DIXIE HIGHWAY MIAMI FL 33156	C/O PHOENIX TRADE FINANCE CORP. 12661 SOUTH DIXIE HIGHWAY MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1985
3a. Date of Last Report: 05/23/1994

2. Principal Place of Business	2a. Mailing Address
21 C/O PHOENIX TRADE CORP 8250 NW 27th ST	26 8250 NW 27th ST.
Suite, Apt. #, etc 22 STE 310	Suite, Apt. #, etc 27 STE 310
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA
Zip / Country 24 33122 / 25 USA	Zip / Country 29 33122 / 30 USA

4. FEI Number: 59-2646597 ☐ 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 equity for assessment as under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BAILEY, ABE~~
~~BAILEY, MARTIN & ASSOCIATES, P.A.~~
~~20401 N.W. 2ND AVENUE, SUITE 200~~
~~MIAMI FL 33169~~

10. Name and Address of New Registered Agent

81 Name: LAW OFFICES OF WILLIAM J. MOTYCZKA
82 Street Address (P.O. Box Number is Not Acceptable): PARK PLACE, 13410 SW 128th STREET
83
84 City: MIAMI **FL** 85 Zip Code: 33186

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] 6/4/95
Signature of new 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	PSD	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	LUE-SANG, MARJORIE	12 NAME	LASSELVE TALBOT	
STREET ADDRESS	12661 S. DIXIE HIGHWAY	13 STREET ADDRESS	8250 NW 27th ST. STE#310	
CITY ST ZIP	MIAMI FL 33156	14 CITY ST ZIP	MIAMI, FL. 33122	
TITLE	D	21 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	CARTY, SYLVIA	22 NAME	SYLVIA CARTY	
STREET ADDRESS	12661 S. DIXIE HIGHWAY	23 STREET ADDRESS	8250 NW 27th ST. STE#310	
CITY ST ZIP	MIAMI FL 33156	24 CITY ST ZIP	MIAMI, FL. 33122	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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: [signature] SYLVIA CARTY 4/27/95 (305)994-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170074 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 PM 2:24

DOCUMENT # **M24713** **(3)**

1. Corporation Name

HORIZON FINANCIAL GROUP, INC.

Principal Place of Business	Mailing Address
8211 W BROWARD BLVD #360 PLANTATION FL 33324	8211 W BROWARD BLVD #360 PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1985	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0032339	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

ORVIETO, BRAD
8211 W BROWARD BLVD #360
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS (Type or Print)	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ORVIETO, BRAD	12 NAME	
STREET ADDRESS	8211 W. BROWARD BLVD#360	13 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	14 CITY ST ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	ORVIETO, ANNE	22 NAME	
STREET ADDRESS	8211 .W.BROWARD BLVD#360	23 STREET ADDRESS	
CITY ST ZIP	PLANTATION FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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: Brad Orvieto 6-15-95 305-424-7220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078071 CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED

DOCUMENT # **M28185** **(0)**

1. Corporation Name

JENGOR CORPORATION

Principal Place of Business	Mailing Address
C/O JORGE ACOSTA AND SONIA ACOSTA 4209 LAKE AVENUE WEST PALM BEACH FL 33405	C/O JORGE ACOSTA AND SONIA ACOSTA 4209 LAKE AVENUE WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1986
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 59-2660150 ☐ 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 to intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ACOSTA, JORGE AND SONIA ACOSTA
4209 LAKE AVENUE
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ACOSTA, JORGE	12 NAME	
STREET ADDRESS	14782 PADDOCK DRIVE	13 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	ACOSTA, SONIA	22 NAME	
STREET ADDRESS	14782 PADDOCK DRIVE	23 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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: _____ 6/15/95 - 407-833-0271
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0140822 FP

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **M28794** **(9)**

1. Corporation Name

PERSONAL AND COMMERCIAL ENTERPRISE, INC.

Principal Place of Business	Mailing Address
~~1191 E NEWPORT CENTER DR #210~~ ~~DEERFIELD BCH FL 33442~~	~~1191 E NEWPORT CENTER DR #210~~ ~~DEERFIELD BCH FL 33442~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1986
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business	2a. Mailing Address
21 21275 SWEETWATER LANE	26 21275 SWEETWATER LANE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BOCA RATON, FL	28 City & State: BOCA RATON, FL
24 Zip: 33428 25 County:	29 Zip: 33428 30 County:

4. FEI Number: 59-2658097 ☐ 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 or intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARDNER, MARTIN L.
21275 SWEATWATER LN. N.
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	GARDNER, MARTIN L.	12 NAME	
STREET ADDRESS	~~1191 E NEWPORT CTR DR~~	13 STREET ADDRESS	21275 SWEETWATER, LANE
CITY ST ZIP	~~DEERFIELD BCH FL~~	14 CITY ST ZIP	BOCA RATON, FL 33428
TITLE	S	21 TITLE	☒ Change ☐ Addition
NAME	GARDNER, JOAN	22 NAME	
STREET ADDRESS	~~1191 E NEWPORT CTR DR~~	23 STREET ADDRESS	21275 SWEETWATER LANE
CITY ST ZIP	~~DEERFIELD BCH FL~~	24 CITY ST ZIP	BOCA RATON, FL 33428
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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SIGNATURE: X _____ X 4/17/95 407-483-3097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0268474 CR