

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M37359** (0)

1. Corporation Name

HORUS BLUEPRINT, INC.



Principal Place of Business

Mailing Address

C/O NESTOR M. TORRES
~~7293 S.W. 24 ST.~~
MIAMI FL 33155

C/O NESTOR M. TORRES
~~7293 S.W. 24 ST.~~
MIAMI FL 33155

2. Principal Place of Business

2a. Mailing Address

21 **7360 CORAL WAY**
Suite, Apt. #, etc.

26 **7360 CORAL WAY**
Suite, Apt. #, etc.

22 City & State
MIAMI, FL.

27 City & State
MIAMI, FL.

23 Zip
33155

24 Country
DADE

28 Zip
33155

29 Country
DADE.

9. Name and Address of Current Registered Agent

TORRES, NESTOR M.
7293 S.W. 24 ST.
MIAMI FL 33155

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7360 S.W. 24 ST. (Coral Way) #5

83

84 City
MIAMI

85 Zip Code
FL 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, typed or printed name of registered agent (delete if not applicable)

(Delete if Registered Agent Signature is required when filed)

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
TORRES, NESTOR
7293 SW 24TH ST.
MIAMI FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
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)(k), 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 in an attachment with an address).

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NESTOR TORRES

3/21/96

305-261-7238

CR2E034 (12/95)