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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M37359

(0)

HORUS BLUEPRINT, INC.

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**FILED** 

Apr 02 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address							
7360 CORAL W	7360 CORAL WAY 7293 S.W. 24 ST.			1			
7293 S.W. 24 S   Miami Fl 33155		MIAMI FL 33155-1401					
US		US		3. Date Incorporated or Qualified 08/26/1986	3a. Date of Last Report 03/27/1996		
2, Principal P	lace of Business O SW 24TH ST.7	2a. Mailing Address	7 E	· .	4. FEI Number 59-2708765	<u> </u>	Applied For Not Applicable
Suite Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional ee Regulred
City & State City & State			***************************************	6. Election Campaign Financing \$5.00 May B		.00 May Be	
23 MIA	3 HIANI 28				Trust Fund Contribution	Added to Fees	
Zip Country Zip			Coun	try	8. This corporation has liability for intangible tax under s. 199.032,		
24	33/11 25 DADE		30		Florida Statutes		
	9. Name and Address of Currer	nt Registered Agent		1 Name	10. Name and Address of New Re	Jistered Agent	
TORRES, NESTOR M.							
MONANTANION SOCIAL AS				Street Add	dress (P.O. Box Number is Not Acceptat	le)	
MIA	MI FL 33155 7360.	S.W. 245t#	5	33			
	•	•	- 1'	88			•
i			1	4 City		Pmg 85	Zip Code
	10-4	0 1 007 4500 Ft 11- Ft 14-				FL °	
office or r agent it a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	22 and 607, 1508, Florida Statule of Florida. Such change was a ations of, Section 607.0505, Flo	rs, the abi uthorized rida Statu	by the corporates.	rporation submits this statement for the patients board of directors. I hereby accept	urpose or chang it the appointme	nt as registered
SIGNATURE	——————————————————————————————————————						
	Signature, typed or printed name of registanud age	ont and title if applicable (NOTE D DIRECTORS		Agent signature req	uired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE COD AND DIDE	CTOPS IN 10
<b>12.</b>	PTD	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Cha	
NAME	TORRES, NESTOR	bearie	1.2 NAA				ango radillon
STREET AODRESS	7293 SW 24TH ST.			EET ADDRESS			
CHV . \$1 - Zip	MIAMI FL 33155						ļ
TITLE	(112 411 1 2 4 4 1 4 4	DELETE	21 111	'-SY-ZIP		☐ Chi	ange Addition
NAME		Land Delieve	2.2 NAM	1			ange Noomen
STREET ADDRESS				EET ADORESS			
C(TY - ST - ZIP				Y-ST-ZIP			
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NAME		Name	3.2 NAN				
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Crity - ST - 7/P				Y-ST-ZIP			ĺ
THILE		DELETE	4.1 TITL			☐ Cha	ange Addition
NAME			4. 2 NA	AE			
STREET ADORESS				EET ADDRESS			
City - ST - ZIP			1	'-ST-ZIP			•
TII1F		☐ DELETE	5.1 TITL		**************************************	Chi	ange Addition
NAME.			5.2 NAM	NE			
STREET AUDRESS			5.3 STR	EET ADDRESS		4	
CHY-\$1-20F			5.4 CIT	-ST-ZIP			
THLE		DELETE	6.1 TtTL			Ch.	ange 🔲 Addition
NAM!			6.2 NAN	4E			
STREET AUDRESS				EET ADDRESS			
City-St-7#	<u>.</u>		1	-ST-ZIP	·		

14. I do hereby certify that the information symbiled with this filling 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 plustee 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 propagation and the propagation of the chapter 607 in Block 12 or Block 13 if changed, or propagation appears in Block 12 or Block 13 if changed, or propagation and the propagation of the propag

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC

HINESTOR PORRES

2/21/97 365-2

Daytime Phone #