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Apr 07 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 # M37361 (6)

1. Corporation Name  
HORIZON FARMS INC.

Principal Place of Business  
2000 N.W. 70TH AVENUE  
MIAMI FL 33122

Mailing Address  
P O BOX 520185  
MIAMI FL 33152-0185  
US



3. Date Incorporated or Qualified  
08/26/1986

3a. Date of Last Report  
02/15/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFENBERG, PAUL  
8035 N.W. 84TH TERR.  
TAMARAC FL 33321

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

Signature, typed or printed name of 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	DP	1.1 TITLE	
NAME	HOFFENBERG, PAUL	1.2 NAME	
STREET ADDRESS	8035 N.W. 84TH TERR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	TAMARAC FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	
NAME	LEBBERES, JAMES H.	2.2 NAME	
STREET ADDRESS	51 DELLWOOD CIRCLE	2.3 STREET ADDRESS	
CITY- ST- ZIP	BRONXVILLE NY	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	
NAME	LEBBERES, JOHN	3.2 NAME	
STREET ADDRESS	51 DELLWOOD CIRCLE	3.3 STREET ADDRESS	
CITY- ST- ZIP	BRONXVILLE NY	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97

Date

305-591-2392

Daytime Phone #

CR2E034 (9/96)