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

APPROVED AND FILED
95 APR 10 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01840** **(8)**

1. Corporation Name
EQUESTRIAN HORIZONS N.V.

Principal Place of Business	Mailing Address
ONE REGIS PLACE: P.O. BOX 1787 GRAND CAYMAN CAYMAN ISLANDS, B.W.I.	ONE REGIS PLACE: P.O. BOX 1787 GRAND CAYMAN CAYMAN ISLANDS, B.W.I.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/02/1984
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business	2a. Mailing Address
21 ONE CAPITAL PLACE	26 ONE CAPITAL PLACE
Suite, Apt. #, etc. 22 P.O. Box 1787	Suite, Apt. #, etc. 27 P.O. BOX 1787
City & State 23 GRAND CAYMAN	City & State 28 GRAND CAYMAN
Zip / Country 24 B.W.I. / 25 CAYMAN ISLANDS	Zip / Country 29 B.W.I. / 30 CAYMAN ISLANDS

4. FEI Number: 98-0061273 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOUSTON, CHARLES P. COMMERCE BUILDING, SUITE 106 324 DATURA STREET WEST PALM BEACH FL 33401	81 Name: FHS CORPORATE SERVICES, INC. 82 Street Address (P.O. Box Number is Not Acceptable): 11780 U.S. HIGHWAY ONE, SUITE 300 83 NORTH PALM BEACH 84 City: FLORIDA FL 85 Zip Code: 33408

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: Oren S. Tasini, Assist.Sec. FHS Corporate Services DATE 4/5/95
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	1.1 TITLE	☐ Change ☐ Addition
NAME	CORPORATE TRUST N.V.	1.2 NAME	
STREET ADDRESS	16-A PIETERMAAI	1.3 STREET ADDRESS	
CITY-ST-ZIP	CURACAO, NETHERLANDS	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	WIGHT, I.A.N.	2.2 NAME	
STREET ADDRESS	ONE REGIS PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAYMAN ISLANDS, BWI	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS, RICHARD E.	3.2 NAME	
STREET ADDRESS	ONE REGIS PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAYMAN ISLANDS, BWI	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 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: RICHARD E. DOUGLAS (DIRECTOR) January 30, 1995 (809)949-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EQUESTRIAN HORIZONS N.V.

049949 IN