

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P01840 (8)**

1. Corporation Name

**EQUESTRIAN HORIZONS N.V.**



Principal Place of Business

Mailing Address

ONE CAPITAL PLACE  
PO BOX 1787  
GRAND CAYMAN BW  
US

ONE CAPITAL PLACE  
PO BOX 1787  
GRAND CAYMAN BW  
US

2. Principal Place of Business

2a. Mailing Address

21. Subj. Apt. #, etc.

26. Subj. Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

28. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FHS CORPORATE SERVICES INC  
11780 US HWY ONE  
STE 300  
WEST PALM BEACH FL 33408

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 607.1509, 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 607.0502, Florida Statutes.

SIGNATURE

Signature of the Registered Agent

Signature of the Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                      |                                 |
|--------------------|----------------------|---------------------------------|
| 1. TITLE           | PD                   | <input type="checkbox"/> DELETE |
| 2. NAME            | CORPORATE TRUST N.V. |                                 |
| 3. STREET ADDRESS  | 16-A PIETERMAAI      |                                 |
| 4. CITY-STATE-ZIP  | CURACAO, NETHERLANDS |                                 |
| 5. TITLE           | VD                   | <input type="checkbox"/> DELETE |
| 6. NAME            | WIGHT, I.A.N.        |                                 |
| 7. STREET ADDRESS  | ONE REGIS PLACE      |                                 |
| 8. CITY-STATE-ZIP  | CAYMAN ISLANDS, BWI  |                                 |
| 9. TITLE           | SD                   | <input type="checkbox"/> DELETE |
| 10. NAME           | DOUGLAS, RICHARD E.  |                                 |
| 11. STREET ADDRESS | ONE REGIS PLACE      |                                 |
| 12. CITY-STATE-ZIP | CAYMAN ISLANDS, BWI  |                                 |
| 13. TITLE          |                      | <input type="checkbox"/> DELETE |
| 14. NAME           |                      |                                 |
| 15. STREET ADDRESS |                      |                                 |
| 16. CITY-STATE-ZIP |                      |                                 |
| 17. TITLE          |                      | <input type="checkbox"/> DELETE |
| 18. NAME           |                      |                                 |
| 19. STREET ADDRESS |                      |                                 |
| 20. CITY-STATE-ZIP |                      |                                 |

|                    |  |   |
|--------------------|--|---|
| 1. TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |  |   |
| 3. STREET ADDRESS  |  |   |
| 4. CITY-STATE-ZIP  |  |   |
| 5. TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |  |   |
| 7. STREET ADDRESS  |  |   |
| 8. CITY-STATE-ZIP  |  |   |
| 9. TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |  |   |
| 11. STREET ADDRESS |  |   |
| 12. CITY-STATE-ZIP |  |   |
| 13. TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |  |   |
| 15. STREET ADDRESS |  |   |
| 16. CITY-STATE-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)(g), 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 trustee 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 of this annual report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IAN A.W. WIGHT (DIRECTOR) FEBRUARY 1, 1996

(889) 249 7500

CR2E034 (12/95)