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 # **P95000003951 (7)**

1. Corporation Name

PURE HORIZONS, INC.

Principal Place of Business	Mailing Address
1825 PONCE DE LEON BLVD. STE. 236 CORAL GABLES FL 33134	1825 PONCE DE LEON BLVD. STE. 236 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 01/17/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 183 MADEIRA AVE
22: Suite, Apt. #, etc
23: Coral Gables 71
24: 33134 Zip 25: DADE County

2a. Mailing Address
26: 183 MADEIRA AVE
27: Suite, Apt. #, etc
28: Coral Gables 71
29: 33134 Zip 30: DADE County

4. FEI Number: 65-0550653 ☐ 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

REICHENBACHER, JEFFREY E. ESQ.
801 BRICKELL AVENUE 9TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Detlev Gessner
82 Street Address (P.O. Box Number is Not Acceptable): 183 Madeira Ave
83: Coral Gables, FL 33134
84 City: Coral Gables FL 85 Zip Code: 33134

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 of New Registered Agent, if changing) (Typed or Printed Name of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST ☐ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	GESSNER, DETLEV 183 MADEIRA AVE	12 NAME	PVst Detlev Gessner
STREET ADDRESS	~~1825 PONCE DE LEON BLVD. STE. 236~~	13 STREET ADDRESS	1508 Pennsylvania Ave # N11
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP	Miami Beach, Fl 33139
TITLE	D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GESSNER, DETLEV 183 MADEIRA AVE	22 NAME	D Detlev Gessner
STREET ADDRESS	~~1825 PONCE DE LEON BLVD. STE. 236~~	23 STREET ADDRESS	1508 Pennsylvania Ave # N11
CITY-ST-ZIP	CORAL GABLES FL 33134	24 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	5K Deposit $200.00

CR2E034 (12/95)

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 added by an attachment with an address.

SIGNATURE: D. GESSNER PRESIDENT 02/6/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)