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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000091826 (4)

| HORIZ | ON INTERNATIONAL SHIP | PPING, INC. | | | HIV asko sko j sk a j skoj koja skoj skoj skoj skoj |
|---|--|---|--|---|---|
| Principal Place | of Business | Maing Address | / | | INNY BERNYA KAMBAY NYARA KAMBA SANAK BISAY KANDI |
| 8751 NW 102ND STREET MEDLEY FL 33178 | | 8751 NW 102ND STREET MEDLEY FL 33178 | | | |
| | | | | 3. Date incorporated or Qualified 12/04/1995 | 3a. Date of Last Report |
| [- | | 2a. Mailing Addres | 3 | 105-06 22 346 | Applied For |
| Suite, Apt. #, etc | | 26 | | 1 63, 20 4 × 340 | Not Applicable |
| 22 | | Suite, Apt. #, e | tc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be |
| Zip | Country | Zip | Country | | Added to Fees tangible tax under s. 199.032. |
| 24 | 25 | 29 | 30 | | Ng Ng |
| | 9. Name and Address of Curi | rent Registered Agent | | 10. Name and Address of New Re | gistered Agent |
| 8751 NV | KE, VICKY V 102ND STREET FL 33178 | | 82 Street Adi 83 84 City | dress (P.O. Box Number is Not Acceptable | 85 Zin Code |
| familiar wit SIGNATURE | o the provisions of Sections 607.05 ed agent, or both, in the State of Fich, and accept the obligations of Section and accept the obligations of Section 19 and accept the obligation of the section 19 and 1 | oct on 607,0505, Florida Sta | tatutes, the above named corpland by the corporation's bottles | oration submits this statement for the purp and of directors. Thereby accept the appoi | ntment as registered agent. I am |
| 12. | | WO DIRECTORS | I 13. | ADDITIONS/CHANGES TO OFFIC | CATE ERS AND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TillE | | Change Addition |
| NAME | DAENECKE, VICKY | | 1.2 NAME | | |
| STREET ADDRESS | 8751 NW 102ND STREET | | 1.3 STREET ADDRESS | | |
| CITY - ST - ZIP | MEDLEY FL 33178 | | 1.4 CHTV - ST - ZIP | | |
| TITLE | | DELETE | 2 1 THTLE | | Change Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 2 4 CHTY - ST - ZIF | | |
| TITLE | | DELETE | 3 1 Till.E | | Change Addition |
| NAME | | | | | C Onenge C Addit (ii) |

64 GIY 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)(k), Florida Statutes. I further certify that the information indicated on this amount in the information indicated on this amount in the information indicated on this amount in the corporation of the corporation of the corporation of the receiver or trustee empowered to execute this residual accurate and that my signature shall have the same legal effect as if made under appears in Block 13 or Block 13 if changes, or on an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STHEET ADDRESS

6.3 STREET ADDRESS

5.4 C:1 r - S1 - Z:P

4.4 CITY - S1 - ZIF

3.4 OITY - ST - 7(2)

4 1 TITLE

4.2 NAME

5 1 TH . E

5.2 NAMÉ

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

DELETE

4113/76 885-8390

Change

☐ Change

Change

☐ Addition

Addition

Add tion

CR2E034 (12/05)