FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

teinstatement CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029856 (7)

HORIZON WATERWAYS INTERNATIONAL, INC.

APPROVED AND FILED

1997 OCT 27 PN 2: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Disabled Disabled Physics of Durings of Durings							
Principal Place of Business Mailing Address							***** 844 1881
7270 NW 12 S MIAMI FL 3312		7270 NW 12 ST #660 MIAMI FL 33126-1927					
					3. Date Incorporated or Qualified 03/22/1996	3a. Date of Las	st Report
	Place of Business	2a. Mailing Address			4. FEI Number	2	Applied For
26					65-065393		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & Stat	to	City & State			6 Stanton Connector Street on	·	
3	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation has liability for int		
4	25	29	30			Yes 🗌 No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regi	stered Agent	
	AVICENCIO, ROBERTO		8	1 Name			
7270 NW 12 ST #660			8:	82 Street Address (P.O. Box Number is Not Acceptable)			
MIA	MI FL 33126						
			8	3			
			8	4 City		85 2	ip Code
44 5	10					<u> FL ° ° </u>	
	registered agent for both it the Slute am familiar with Jing accept the High	of Florida, Such change was lations of, Section 607.0505, I	s authorized t Florida Statut	by the corpora es.	poration submits this statement for the puration's board of directors. I hereby accept	the appointment	as registered
SIGNATURE			DTF: Registered A	gent signalure requ	aired when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	Op	☐ DELE1E	1.1 TITLE	- 1		Chang	ge 🗌 Addition
NAME	VILLAVICENCIO, ROBERTO		1.2 NAME		3000023; -10/28/9	701060.	
STREET ADDRESS	18701 SW 82ND AVE			FT ADDRESS	****750,	UU ####	750.00
CITY-ST-ZIP	MIAMI FL 33157	DELETE	1.4 CITY -			Chan	
TITLE		ן וענונינ	2.1 117LE				ge 🗀 Adoltion
NAME			22 NAME	1			
STREET ADDRESS			- 1	ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2.4 CITY 3.1 TO LE	- ST - ZIP		☐ Chan	ge Addition
NA ()E			3.2 NAME		DEIMICYATERAL	T de au cultur	• —
STI EET ADDRESS				T ADDRESS	REINSTATEME		196
CI Y-ST-ZIP	1		3.4. CITY		SCC 10-27		
THLE		DELETE	4.1 TITLE		200 10 807	☐ Chan	ge Addition
NAME			4. 2 NAM				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		☐ DELETE	51 TITLE			Chang	ge Addition
NAME			5.2 NAME	ı			
STREET ADDRESS			5.3 STHE	T ADDRESS			
CITY-ST-ZIP	1		5.4 CITY				
TITLE		☐ DELETE	6.1 TITLE			Chan;	ge Addition
NAME	[6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY-				

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 approal report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of 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 chapted, or on an attachment with an address.