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PROFIT CORPORATION ANNUAL REPORT



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SIGNATURE

FLORIDA DEPARTMENT OF STATE

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Apr 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000033740 (7)

HORNSBY CAPITAL, INC.

Principal Place of Business Mailing Address 1401 BRICKELL AVE., SUITE 700 1401 DRICKELL AVE. SUITE-R MIAMI FL 33131-9600 MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 04/15/1996 2. Principal Place of Business 4. FEI Number 2a, Mailing Address Applied For BRICKELL AV. Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired #2001 Fee Required 22 City & Starc City & State \$5.00 May Be 6. Election Campaign Financing miam Added to Fees 23 Trust Fund Contribution Country 8. This corporation has liability for intangible tax under s. 199.032, ☑ Yes ☐ No Florida Statutes 24 25 9. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent Name HORNSBY, CYRUS E III 1401 BRICKELL AVE., SUITE 700 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 **B3** 84 City Zip Code 85 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. Fam fameliar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE 5 good as Typical or preferd name of registered agent and text if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) 12 DELETE Change Addition 1.1 TITLE THE HORNSBY, CYRUS E III 1.2 NAME MAM 1581 BRICKELL AV. #2001 4401 BRICKELL AVE., OUTTE 700 1.3 STREET ADDRESS STREET ADDRESS MIAMI, FL. 33129 **MAMI-FL-33131** 1.4 CHTY-ST-ZIP CITYS DELETE Change Addition 2.1 TITLE THE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CHY SI-2IP 2.4 CITY-ST-ZIP DELETE Change Addition TIFEE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CHY-ST-761 34. CITY-ST-ZIP DELETE Change Addition HU 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CiTY-ST-ZIP OTY 51-715 DELETE Change Addition TILL 51 TITLE NAL 5.2 NAME 5 3 STREET ADDRESS STREET ALOREST 5.4 CITY - ST - ZIP CITY-ST ZIE DELETE Addition Change THLE 6.1 TITLE NAME 6.2 NAME STREET ALSORESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do Fereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legat effect as if made under oath; that I am an officer of 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