08231999-90002-007-$550.00-$550.00 * 08231999-90002-008-$8.75-$8.75

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 20, 2000 8:00 am
Secretary of State

09-20-2000 90003 031 ***558.75

PROFIT CORPORATION ANNUAL REPORT 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000049219

1. Corporation Name
HORIZON DEVELOPERS OF CAPE CORAL INC.

[redacted]

Principal Place of Business: 1000 SW 104 CT #205 MIAMI, FL. 33174

Mailing Address: 1000 SW 104 CT #205 MIAMI, FL. 33174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1000 SW 104 CT	2a. Mailing Address: 1000 SW 104 CT
Suite, Apt. #, etc.: # 205	Suite, Apt. #, etc.: # 205
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33174 Country: U.S.A	Zip: 33174 Country: U.S.A

3. Date Incorporated or Qualified: 06/02/1998

4. FEI Number: 65-0839738 ☐ 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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Raul Ascarrunz
1000 SW 104 CT, #205
MIAMI FL 33174

10. Name and Address of New Registered Agent

Name: Raul Ascarrunz
Street Address (P.O. Box Number is Not Acceptable): 1000 SW 104 CT
\# 205
City: MIAMI, Florida FL Zip Code: 33174

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] DATE 9/13/00

Signature, typed or printed name of registered agent and title if applicable. (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: MARTIN, LUIS STREET ADDRESS: 21468 N.W. 40TH CIRCLE CT. CITY-ST-ZIP: MIAMI FL 33055-1185	☒ DELETE	1.1 TITLE: President 1.2 NAME: Raul Ascarrunz 1.3 STREET ADDRESS: 1000 SW 104 CT #205 1.4 CITY-ST-ZIP: MIAMI, FL 33174	☒ Change ☐ Addition
TITLE: VTD NAME: MARTIN, LAZARO L STREET ADDRESS: 1019 SE 16TH PLACE CITY-ST-ZIP: CAPE CORAL FL 33990	☒ DELETE	2.1 TITLE: Vice President 2.2 NAME: Raul Ascarrunz 2.3 STREET ADDRESS: 1000 SW 104 CT. #205 2.4 CITY-ST-ZIP: MIAMI, FL 33174	☒ Change ☐ Addition
TITLE: S NAME: ASCARRUNZ, RAUL STREET ADDRESS: 1000 SW 104TH COURT #205 CITY-ST-ZIP: MIAMI FL 33174	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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 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 on an attachment with an address.

SIGNATURE: [signature] RAUL ASCARRUNZ 9/13/00 305 730 9567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)