

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

0133251

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90012 035 \*\*\*150.00

DOCUMENT # P98000061061

1. Corporation Name  
NEW HORIZON INC.



Principal Place of Business  
5460 W. 21 CT. #109  
HIALEAH FL 33016

Mailing Address  
5460 W. 21 CT. #109  
HIALEAH FL 33016

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/09/1998		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0849668		
City & State 23	City & State 28	5. Certificate of Status Desired □ \$8.75 Additional Fee Required		
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution □ \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax. □ Yes <input checked="" type="checkbox"/> No			8. This corporation owes the current year Intangible Personal Property Tax. □ Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent  DIAZ, ANNARELLA 5460 W. 21 CT. #109 HIALEAH FL 33016			10. Name and Address of New Registered Agent	
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)	
83			84 City FL	
			85 Zip Code	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	1.1 TITLE	□ Change □ Addition	
STREET ADDRESS	STREET ADDRESS	1.2 NAME		
CITY-ST-ZIP	5460 W. 21 CT. #109 HIALEAH FL 33016	1.3 STREET ADDRESS		
CITY-ST-ZIP		1.4 CITY-ST-ZIP		
TITLE	NAME	2.1 TITLE	□ Change □ Addition	
STREET ADDRESS	STREET ADDRESS	2.2 NAME		
CITY-ST-ZIP		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	NAME	3.1 TITLE	□ Change □ Addition	
STREET ADDRESS	STREET ADDRESS	3.2 NAME		
CITY-ST-ZIP		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	NAME	4.1 TITLE	□ Change □ Addition	
STREET ADDRESS	STREET ADDRESS	4.2 NAME		
CITY-ST-ZIP		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	NAME	5.1 TITLE	□ Change □ Addition	
STREET ADDRESS	STREET ADDRESS	5.2 NAME		
CITY-ST-ZIP		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	NAME	6.1 TITLE	□ Change □ Addition	
STREET ADDRESS	STREET ADDRESS	6.2 NAME		
CITY-ST-ZIP		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 the address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99 305-8252781

Daytime Phone #

CR2E034 (11/98)