

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 26 AM 8:36

DOCUMENT # S15993

(6)

1. Corporation Name

HORIZON ANF, INC.

Principal Place of Business

6100 HOLLYWOOD BLVD.
SUITE #208
HOLLYWOOD FL 33024

Mailing Address

6100 HOLLYWOOD BLVD.
SUITE #208
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0234524

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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

LEVINSON, EDWARD E.
407 LINCOLN ROAD, PENTHOUSE SOUTHEAST
MIAMI BEACH FL 33139

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
FERNANDEZ, ALBERTO E.
6100 HOLLYWOOD BLVD.
HOLLYWOOD FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
FERNANDEZ, ALBERTO
6100 HOLLYWOOD BLVD.
HOLLYWOOD FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
FERNANDEZ, NELSON
6100 HOLLYWOOD BLVD.
HOLLYWOOD FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
FERNANDEZ, BLANCHE R.
6100 HOLLYWOOD BLVD.
HOLLYWOOD FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
GIL, ALBERTO
6100 HOLLYWOOD BLVD.
HOLLYWOOD FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(k), 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, checked box, or on an attachment with an address.

SIGNATURE: K

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NELSON FERNANDEZ

5/22/95

Date

(505) 981-4300

Daytime Phone