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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S15993 (6)

1. Corporation Name
HORIZON ANF, INC.

Principal Place of Business
6100 HOLLYWOOD BLVD.
SUITE #206
HOLLYWOOD FL 33024

Mailing Address
6100 HOLLYWOOD BLVD.
SUITE #206
HOLLYWOOD FL 33024-7982



2. Principal Place of Business
21 6365 TAFT Street

2a. Mailing Address
26 6365 TAFT Street

Suite, Apt. #, etc.
22 1001

Suite, Apt. #, etc.
27 1001

City & State
23 HOLLYWOOD, FL

City & State
28 HOLLYWOOD, FL

Zip Country
24 33024 25 USA

Zip Country
29 33024 30 USA

3. Date Incorporated or Qualified
12/04/1990

3a. Date of Last Report
05/01/1996

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GABLE, MICHAEL P.
4000 HOLLYWOOD BLVD.
SUITE 735 SOUTH
HOLLYWOOD FL 33021

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, ALBERTO E.	
STREET ADDRESS	6100 HOLLYWOOD BLVD.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, ALBERTO	
STREET ADDRESS	6100 HOLLYWOOD BLVD.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, NELSON	
STREET ADDRESS	6100 HOLLYWOOD BLVD.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, BLANCHE R.	
STREET ADDRESS	6100 HOLLYWOOD BLVD.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIL, ALBERTO	
STREET ADDRESS	6100 HOLLYWOOD BLVD.	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fernandez, Alberto E.	
1.3 STREET ADDRESS	6365 Taft St. #1001	
1.4 CITY - ST - ZIP	HOLLYWOOD, FL 33024	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Fernandez, Blanca R.	
4.3 STREET ADDRESS	6365 Taft St. #1001	
4.4 CITY - ST - ZIP	HOLLYWOOD, FL 33024	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 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:

Alberto E. Fernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97

Date

Daytime Phone

0133841

CR2E034 (9/96)