

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

FILED

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

3. Date Incorporated or Qualified: 12/04/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 6365 TAFT Street

2a. Mailing Address
26 6365 TAFT Street

4. FEI Number: 65-0234524
Applied For: Not Applicable

Suite, Apt. #, etc.: 1001

27 Suite, Apt. #, etc.: 1001

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: HOLLYWOOD, FL

28 City & State: HOLLYWOOD, FL

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 33024 Country: USA

29 Zip: 33024 30 Country: USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

| | |
|---|--|
| 1.1 TITLE: PD | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| 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: _____ | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 2.2 NAME: _____ | |
| 2.3 STREET ADDRESS: _____ | |
| 2.4 CITY-ST-ZIP: _____ | |
| 3.1 TITLE: _____ | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 3.2 NAME: _____ | |
| 3.3 STREET ADDRESS: _____ | |
| 3.4 CITY-ST-ZIP: _____ | |
| 4.1 TITLE: SD | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> |
| 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: _____ | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 5.2 NAME: _____ | |
| 5.3 STREET ADDRESS: _____ | |
| 5.4 CITY-ST-ZIP: _____ | |
| 6.1 TITLE: _____ | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 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* Date: 2/4/97

CR2E034 (9/96)