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**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90211 048 \*\*\*300.00

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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # S15993**

1. Corporation Name  
**HORIZON ANF, INC.**

Principal Place of Business

6365 TAFT ST  
1001  
HOLLYWOOD FL 33024  
US

Mailing Address

6365 TAFT ST  
1001  
HOLLYWOOD FL 33024  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1990

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 owes the current year Intangible  
Personal Property Tax. ☐ 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

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 ☐ DELETE  
NAME FERNANDEZ, ALBERTO E.  
STREET ADDRESS 6365 TAFT ST #1001  
CITY-ST-ZIP HOLLYWOOD FL

TITLE VD ☐ DELETE  
NAME FERNANDEZ, ALBERTO  
STREET ADDRESS 6100 HOLLYWOOD BLVD.  
CITY-ST-ZIP HOLLYWOOD FL

TITLE STD ☐ DELETE  
NAME FERNANDEZ, NELSON  
STREET ADDRESS 6100 HOLLYWOOD BLVD.  
CITY-ST-ZIP HOLLYWOOD FL

TITLE SD ☐ DELETE  
NAME FERNANDEZ, BLANCA R.  
STREET ADDRESS 6365 TAFT ST #1001  
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ DELETE  
NAME GIL, ALBERTO  
STREET ADDRESS 6100 HOLLYWOOD BLVD.  
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 an address, with all other like empowered.

SIGNATURE:

*Alberto E. Fernandez* ALBERTO E. FERNANDEZ

4/29/99

954 983 6399

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (11/98)