

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

APPROVED
AND
FILED

5/17/95 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S46080 (5)

1. Corporation Name
HORIZON WORLDWIDE EXPORT CORPORATION

Principal Place of Business 14238 S W 136TH ST MIAMI FL 33186 US	Mailing Address 14238 S W 136TH ST MIAMI FL 33186 US	DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 21 Suite Apt. #, etc.	28. Mailing Address 26 Suite Apt. #, etc.	4. FEI Number 04/18/1991 65-0260488	3a. Date of Last Report 04/26/1994	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	
22. City & State City & State	27. City & State 28. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>	\$5.00 May Be Added to Fees <input type="checkbox"/>		
24. Zip 25	Country 29	30. Zip 30	B. This corporation has liability for intangible tax under § 199 (3)(D) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent GORDON, SPENCER 14238 S W 136TH ST MIAMI FL 33186		10. Name and Address of New Registered Agent			
61. Name GORDON, SPENCER	62. Street Address (P.O. Box Number is Not Acceptable) 14238 S W 136TH ST MIAMI FL 33186	63.	64. City FL	65. Zip Code 33186	

11. Pursuant to the provisions of Sections 601, 602, and 607, Florida Statutes, the above named corporation submits the 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, the laws of the State of Florida Statutes.

SIGNATURE

OFFICER AND DIRECTOR		ADDITIONAL OFFICER AND DIRECTOR		16A	
OFFICER NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY, ST, ZIP	OFFICER NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY, ST, ZIP	OFFICER NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY, ST, ZIP
OFFICER NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY, ST, ZIP	OFFICER NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY, ST, ZIP	OFFICER NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY, ST, ZIP
OFFICER NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY, ST, ZIP	OFFICER NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY, ST, ZIP	OFFICER NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY, ST, ZIP
OFFICER NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY, ST, ZIP	OFFICER NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY, ST, ZIP	OFFICER NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add NAME STREET ADDRESS CITY, ST, ZIP

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(8)(b), 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 it had been made under oath that I am an officer or director of the corporation or the recorder 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 addendum.

SIGNATURE: *D. Gordon, Mrs. Spencer B. Gordon* 4/29/95 255-3941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR