Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90026 036 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S46080

1. Corporation HORIZON	N WORLDWIDE EXPORT CO	ORPORATION					
Principal Place	e of Business	Mailing Address	<del></del>			1 8:01: 010:1 8:01: 610	III <b>8</b> 1011 1001
14212 SW 136TH ST 14212 SW 136TH ST							
MIAMI FL 33186 MIAMI FL 33186						UO 00405	
US		US			DO NOT WRITE IN TH	IS SPACE	
					** '		
A Drivate of Di	lace of Business	2a, Mailing Address			04/18/1991 4. FEI Number	App	lied For
2, FINCIPALE 21	iace of business	26			65-0260488		Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22	ه سه د پښښېږکد	27	~	,	5. Certifcate of Status Desired	Fee Req	uired
City & Stat		City & State			6. Election Campaign Financing	\$5.00 N	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip Country 25		Zip 29	Zip Country  30		8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
	9. Name and Address of Currer	nt Registered Agent		r	10. Name and Address of New Registers	d Agent	
			81	Name	·		}
GORDON, SPENCER			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
14212 SW 136TH ST					<u></u> ,		
MIAN	AI FL 33186		83	}			{
			84	City		85 Zip C	ode
				_		L	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	ida Statutes	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	istered
	Signature, typed or printed name of registered age			nt signature require	d when reinstating) DATE	AND DIDECTOR	20 141 42
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PD CORDON CRENCED B	DOLLETE	1.2 NAME				-
NAME	GONDON, OF ENGLISE			T ADDRESS			
STREET ADDRESS	14212 5W 136171 51   MIAMI FL		1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE			2.1 TITLE	ii-zr	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME		<del></del>	2.2 NAME				
STREET ADDRESS	٠,			TADDRESS			
CITY-ST-ZIP		and .	2. 4 CITY-		a tar		
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			1
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4,2 NAME	ļ			1
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP		<del>.</del>	4.4 CITY-5	T-ZIP			
TITLE ·		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			1	TADORESS			}
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP		[T] Chance	Addition
TITLE		☐ DELETE	6.1 TITLE			Change	
NAME			6.2 NAME	1			1

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 corperation on the receiver or sustee 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 affairment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP