FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:20

DOCUMENT # **S72866** **(4)**

1. Corporation Name
HORIZON LABORATORIES, INC.

Principal Place of Business	Mailing Address
6836 N.W. 77TH COURT MIAMI FL 33166	551 W 51ST PL FOURTH FL HIALEAH FL 33012 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/13/1991	05/17/1994

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 26	Zip 29 / Country 30

4. FEI Number: 65-0276357 ☐ 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	10. Name and Address of New Registered Agent
ERICKSON, MARIA C ~~6836 NW 77TH COURT~~ 551 W 51 PLACE ~~MIAMI FL 33166~~ HIALEAH, FL 33012	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	PST ☑ Change ☐ Addition
NAME	BETANCOURT, MARIA C.	1.2 NAME	MARIA C. ERICKSON
STREET ADDRESS	6836 N.W. 77TH COURT	1.3 STREET ADDRESS	551 W 51 PLACE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D	2.1 TITLE	D ☐ Change ☐ Addition
NAME	HIVARIO, ISABA	2.2 NAME	JESUS VILORIA, M.D.
STREET ADDRESS	6836 NW 77TH COURT	2.3 STREET ADDRESS	10531 N.W. 11 COURT
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	D	3.1 TITLE	SECRETARY ☑ Change ☐ Addition
NAME	BETANCOURT, MARCO T	3.2 NAME	MARCO T. BETANCOURT
STREET ADDRESS	6836 N.W. 77TH COURT	3.3 STREET ADDRESS	551 W 51 PLACE
CITY-ST-ZIP	MIAMI, FLK	3.4 CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BETANCOURT, MARCO T	4.2 NAME	
STREET ADDRESS	6836 NW 77TH CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ERICKSON, ERIK	5.2 NAME	
STREET ADDRESS	6836 NW 77TH CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 above, or on an attached sheet with my name.

SIGNATURE: _____ 2-20-95 305-827-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0080702 CP