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 JUN 26 AM 9:00

DOCUMENT # **S82748** **(2)**

1. Corporation Name
HORN'S NUTRITION, INC.

Principal Place of Business	Mailing Address
1952 NE 5TH AVE BOCA RATON FL 33431-4702	1952 NE 5TH AVE BOCA RATON FL 33431-4702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1954 N.E. 5TH AVE.
22: Suite, Apt. #, etc.
23: City & State: BOCA RATON, FL.
24: Zip: 33431
25: Country: PALM BEACH

2a. Mailing Address
26: 1954 N.E. 5TH AVE.
27: Suite, Apt. #, etc.
28: City & State: BOCA RATON, FL.
29: Zip: 33431
30: Country: PALM BEACH

4. FEI Number: 65-0279764 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DEBOURBON, JANUARIA
1952 NE 5TH AVE
BOCA RATON FL 33431-4702

10. Name and Address of New Registered Agent

81 Name: JANUARIA DE BOURBON
82 Street Address (P.O. Box Number is Not Acceptable): 1954 N.E. 5TH AVE.
83:
84 City: BOCA RATON FL 85 Zip Code: 33431

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: x Januaria de Bourbon (Signature, typed or printed name of individual with authority to sign on behalf of corporation) NOTE: Registered Agent signature required when reinstating. DATE: x 6/20/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P.D.	☒ Change ☐ Addition
NAME	DE BOURBON, JANUARIA	12 NAME	JANUARIA DE BOURBON	
STREET ADDRESS	2871 N.OCEAN BLVD.#V357	13 STREET ADDRESS	546 SILVER LANE	
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	BOCA RATON FL. 33432	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. 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(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: x Januaria de Bourbon (SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR)
JANUARIA de BOURBON

x June 20 95 (Date)

0257044 CP