

CORPORATION
ANNUAL REPORT
1994 1996



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 MAY 10 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name OCALA HIGHLANDS ESTATES INC	DOCUMENT # 339478 (0)
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Mailing Address % WAINBERG, ZIPPER, STRAUSS & CO 1428 BRICKELL AVE MIAMI FL 33131 US	Principal Place of Business % WAINBERG, ZIPPER, STRAUSS & CO 1428 BRICKELL AVE MIAMI FL 33131 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

3. Date Incorporated or Qualified 12/31/1968	3a. Date of Last Report 07/08/1993
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DO NOT WRITE IN THIS SPACE

2. Mailing Address 21 C/O BERNARD, YEAGER, SHERBURNE & MISHKIN Suite, Apt. #, etc. 22 300 Sevilla Ave., Ste. #311 City & State 23 Coral Gables, FL Zip 24 33134	2a. Principal Place of Business 26 C/O BERNARD, YEAGER, SHERBURNE & MISHKIN Suite, Apt. #, etc. 27 300 Sevilla Ave., Ste. #311 City & State 28 Coral Gables, FL Zip 29 33134	Country 25 US	Country 30 US	4. FEI Number 59-1307785	Applied For Not Applicable	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
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7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KLEIN, RONALD G. 901 NE 125TH STREET NORTH MIAMI FL 33169	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
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	SHAM KAMLANI	C/O Camille Claudel 1407 Broadway, Suite #1708 New York, NY 10018					
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	KAVITA KAMLANI	C/O Camille Claudel 1407 Broadway, Suite #1708 New York, NY 10018					
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: 5/3/96 Daytime Phone #: 212-764-7043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR