

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000015118 (9)

1. Corporation Name

HIGH CLIFF HOLDINGS, INC.

Principal Place of Business

2000 Glades Road
Suite 400
Boca Raton, FL 33431

Mailing Address

2000 Glades Road
Suite 400
Boca Raton, FL 33431

3. Date Incorporated or Qualified

02/23/95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4612 S. OCEAN BLVD.

26 4612 S. OCEAN BLVD.

4. FEI Number

65-0660190

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22 City & State

23 HIGHLAND BEACH, FL

27 City & State

28 HIGHLAND BEACH, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

25 Country

24 33487

25 USA

29 Zip

29 33487

30 Country

30 USA

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

HRAWG Corp.
2000 Glades Road, Suite 400
Boca Raton, FL 33431

81 Name

81 LUCREZIA L. MILANI

82 Street Address (P.O. Box Number is Not Acceptable)

82 4612 S. OCEAN BLVD.

83 HIGHLAND BEACH

84 City

FL

85 Zip Code

33487

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4-18-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPV
MILANI, LUCIA
44 UPLANDS AVE, THORNHILL, ONT.
CANADA L3T 4A5

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
MILANI, LUCIA
44 UPLANDS AVE
THORNHILL, ONT., CANADA L3T 4A5

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(k), 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:

[Signature] LUCIA MILANI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 22/96

DATE

EXPIRATION PERIOD