

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)

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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address C/O BERNARD,

21 YEAGER, SHERBURNE & MISHKIN

Suite, Apt. #, etc.

22 300 Sevilla Ave., Ste. #311

City & State

23 Coral Gables, FL

Zip

24 33134

Country

25 US

2a. Principal Place of Business C/O BERNARD

26 YEAGER, SHERBURNE & MISHKIN

Suite, Apt. #, etc.

27 300 Sevilla Ave., Ste. #311

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 US

3. Date Incorporated or Qualified

12/31/1968

3a. Date of Last Report

07/08/1993

4. FEI Number

59-1307785

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

6. Election Campaign

Financing Trust

Fund Contribution ☐

7. Nonprofit Exempt from \$138.75

Supplemental Fee ☐

\$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

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

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

(Registered Agent Accepting Appointment. NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE P/D
1.2 NAME SHAM KAMLANI
1.3 STREET ADDRESS C/O Camille Claudel
1.4 CITY - ST - ZIP 1407 Broadway, Suite #1708
New York, NY 10018

2.1 TITLE S/D
2.2 NAME KAVITA KAMLANI
2.3 STREET ADDRESS C/O Camille Claudel
2.4 CITY - ST - ZIP 1407 Broadway, Suite #1708
New York, NY 10018

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

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

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/3/96 212-764-7043