

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 Aug 06 1998 8:00am
 Secretary of State

DOCUMENT # 752624 (7)
 1. Corporation Name
 HIGHLANDS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 450 NE 186 STREET UNIT C N. MIAMI BCH FL 33162
 450 NE 186 STREET UNIT C N. MIAMI BCH FL 33162

3. Date Incorporated or Qualified
 05/27/1980
 4. FEI Number
 59-2026017
 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
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

9. Name and Address of Current Registered Agent
 LEGRA, ELIAS
 525 EAST 9TH STREET
 HIALEAH FL 33010

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 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS
 TITLE NAME DELETE
 PD SANCHEZ PEDRO
 STREET ADDRESS 450 NE 186 ST. UNIT A
 CITY-ST-ZIP N. MIAMI BCH FL
 TITLE NAME DELETE
 SD MARISTANY, ANGELICA
 STREET ADDRESS 450 NE 186 ST. UNIT C
 CITY-ST-ZIP N. MIAMI BCH FL
 TITLE NAME DELETE
 TD GONZALEZ, CECIL
 STREET ADDRESS 450 NE 186 ST. UNIT B
 CITY-ST-ZIP N. MIAMI BCH FL
 TITLE NAME DELETE
 TITLE NAME DELETE
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME DELETE
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE NAME DELETE
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME TD HERNAN JANUEL PATINO
 1.3 STREET ADDRESS 450 NE 166 ST. UNIT B
 1.4 CITY-ST-ZIP N. MIAMI BCH, FL. 33162
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME 600002610236
 5.3 STREET ADDRESS -08/07/98--01014--046
 5.4 CITY-ST-ZIP ***61.25
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP
 PE
 8-6

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Angelica Maristany (copy) 6-30-98 (305) 944-3693
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)