2004 FOR PROFIT CORPORATION. **ANNUAL REPORT**

Feb 26, 2004 08:00 AM—Secretary of State **DOCUMENT # F03000001563** 1. Entity Name HIGHWAYS, INC. Mailing Address Principal Place of Business 1521 ALTON ROAD, SUITE 336 1220 N. MARKET STREET, SUITE 606 MIAMI BEACH, FL 33139 WILMINGTON, DE 19801 02232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0904423 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PARLADE, JAIME L 8350 NW 52ND TERRACE, SUITE 301 MIAMI, FL 33166 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) U00000066667 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 02/26/04-80024-020 150.00 OFFICERS AND DIRECTORS 10. TITLE LEON, JEAN-FRANCOIS NAME STREET ADDRESS 1521 ALTON ROAD SUITE 336 CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE NAME STREET ADDRESS

SIGNATURE AND TIPED OR PRINTED THE OF SIGNING OFFICER OR DIRECTOR

FILED