

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J80264 (1)			
1. Corporation Name HIGLEAN, INC.			
Principal Place of Business % HERMAN COHEN 622 S.W. 1ST STREET MIAMI FL 33130		Mailing Address % HERMAN COHEN 622 S.W. 1ST STREET MIAMI FL 33130-1204	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
3. Date Incorporated or Qualified 06/30/1987			
3a. Date of Last Report 03/01/1996			
4. FEI Number 65-0014167			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent COHEN, HERMAN 622 S.W. 1ST STREET MIAMI FL 33130		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.1 TITLE D COHEN, PHYLLIS G. 622 S.W. 1ST ST. MIAMI FL		13.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
12.2 NAME		13.2 NAME	
12.3 STREET ADDRESS		13.3 STREET ADDRESS	
12.4 CITY-ST-ZIP		13.4 CITY-ST-ZIP	
12.5 TITLE		13.5 TITLE	
12.6 NAME		13.6 NAME	
12.7 STREET ADDRESS		13.7 STREET ADDRESS	
12.8 CITY-ST-ZIP		13.8 CITY-ST-ZIP	
12.9 TITLE		13.9 TITLE	
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY-ST-ZIP		13.12 CITY-ST-ZIP	
12.13 TITLE		13.13 TITLE	
12.14 NAME		13.14 NAME	
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY-ST-ZIP		13.16 CITY-ST-ZIP	
12.17 TITLE		13.17 TITLE	
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY-ST-ZIP		13.20 CITY-ST-ZIP	
14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Phyllis Rosen</i>		5/1/97 (305) 545-0567	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)