FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jun 01 1998 8:00am
Secretary of State

DOCUMENT # J80264 (1)

1. Corporation Name
HIGLEAN, INC.

[redacted]

Principal Place of Business	Mailing Address
% HERMAN COHEN 622 S.W. 1ST STREET MIAMI FL 33130	% HERMAN COHEN 622 S.W. 1ST STREET MIAMI FL 33130

3. Date Incorporated or Qualified: 06/30/1987
3a. Date of Last Report: 04/27/1995

4. FEI Number: 65-0014167 — 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1444 Biscayne Blvd, #220-C Miami, Fl 33132	26 1444 Biscayne Blvd, #220-C, Miami, Fl 33132
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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: HERMAN COHEN
82 Street Address (P.O. Box Number Is Not Acceptable)
83 1444 Biscayne Blvd, #220-C
84 City: Miami 85 FL Zip Code 33132

11. Pursuant to the provisions of Sections [illegible], 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. [illegible] by the corporation's board of directors. I hereby accept the appointment as registered agent [illegible] familiar with, and accept the obligations of Section [illegible], Florida Statutes.

SIGNATURE ______________________ DATE ______

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	☒ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	COHEN, PHYLLIS G.		1.2 NAME	COHEN, PHYLLIS G
STREET ADDRESS	622 S.W. 1ST ST.		1.3 STREET ADDRESS	1444 Biscayne Blvd., #220-C
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, Fl 33132
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	900002543679
STREET ADDRESS			6.3 STREET ADDRESS	-06/02/98--01021--050
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00

14. I do hereby certify that the information [illegible] and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information [illegible] is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer [illegible] 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: Phyllis Cohen — 5/1/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #