

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K21542 (1)

1. Corporation Name

HIGHLAND NORTH SUBSIDIARY CORPORATION

Principal Place of Business

% PATRICIA K. FLETCHER, 47TH FLOOR
P. O. BOX 015869
MIAMI FL 33101-2869

Mailing Address

% PATRICIA K. FLETCHER, 47TH FLOOR
P. O. BOX 015869
MIAMI FL 33101-2869



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/21/1988

3a. Date of Last Report

03/21/1995

4. FEI Number

65-0045557

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

9. Name and Address of Current Registered Agent

FLETCHER, PATRICIA K.
200 S. BISCAYNE BLVD., 47TH FLOOR
SOUTHEAST FINANCIAL CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name GABY KRESSLY
82 Street Address (P.O. Box Number is Not Acceptable)
HIGHLAND NORTH SUBSIDIARY CORP
83 P.O. Box 015869
84 City MIAMI FL 85 Zip Code 33101

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 officer 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

Gaby Kressly

Signature typed or printed name of registered agent and then applicable

DATE Registered Agent's Signature required when registering

3/8/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CURTIN, VICTOR T.
STREET ADDRESS 1638 NW 10TH AVE
CITY-ST-ZIP MIAMI FL

TITLE D
NAME CLARKSON, JOHN, A.D.
STREET ADDRESS 1638 N.W. 10TH AVE.
CITY-ST-ZIP MIAMI FL 33136

TITLE
NAME PARRISH, RICHARD MD
STREET ADDRESS 1638 NW 10TH AVE
CITY-ST-ZIP Miami, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME VICE-PRESIDENT/SECRETARY
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE
2a. NAME PRESIDENT
2b. STREET ADDRESS
2c. CITY-ST-ZIP

3. TITLE
3a. NAME TREASURER
3b. STREET ADDRESS
3c. CITY-ST-ZIP

4. TITLE
4a. NAME
4b. STREET ADDRESS
4c. CITY-ST-ZIP

5. TITLE
5a. NAME
5b. STREET ADDRESS
5c. CITY-ST-ZIP

6. TITLE
6a. NAME
6b. STREET ADDRESS
6c. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 305/243-6545

DATE

Daytime Phone #

CR2E034 (12/95)