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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K21542

1. Corporation Name

HIGHLAND NORTH SUBSIDIARY CORPORATION

Principal Place of Business

1638 NW 10TH AVE  
MIAMI FL 33101  
US

Mailing Address

P.O. BOX 015869  
MIAMI FL 33101  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

KRESSLY, GABY  
1638 NW 10TH AVE.  
MIAMI FL 33126

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature is optional for non-residents)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPS [ ] DELETE

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

TITLE P [ ] DELETE

NAME CLARKSON, JOHN  
STREET ADDRESS 1638 N.W. 10TH AVE.  
CITY-STATE-ZIP MIAMI FL 33136

TITLE T [ ] DELETE

NAME PARRISH, RICHARD  
STREET ADDRESS 1638 NW 10TH AVE.  
CITY-STATE-ZIP MIAMI FL

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [ ] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

[ ] Change [ ] Addition

[ ] Change [ ] Addition

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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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doc.

Caution Phone #

0080751

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