

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

FILED
Apr 14 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 # P93000022200 (8)

1. Corporation Name
HIGHLAND LAKES HOLDING CORP.

Principal Place of Business

1445 ALTON RD
MIAMI BEACH FL 33139
US

Mailing Address

1445 ALTON RD
MIAMI BEACH FL 33139-3813
US



2. Principal Place of Business

21 Suite, Apt. #, etc.
P.O. BOX 398736

22 City & State
MIAMI BEACH, FL

23 Zip
33239-8736

Country
USA

26. Mailing Address

26 Suite, Apt. #, etc.
P.O. BOX 398736

27 City & State
MIAMI BEACH, FL

28 Zip
33239-8736

Country
USA

3. Date Incorporated or Qualified
03/24/1993

3a. Date of Last Report
01/31/1996

4. FEI Number
65-0406304

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

FOGEL, DAVID B
1445 ALTON RD
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name
DAVID B. FOGEL
82 Street Address (P.O. Box Number is Not Acceptable)
90 SMOLER & WHITEBOOK, BRUCE
83 100 SE. 2 AVE, SUITE 2020
84 City
MIAMI
85 Zip Code
FL 33131

11. Pursuant to the provisions of Sections 607.0503 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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
FOGEL, DAVID
100 ST. NE 23RD AVE
NORTH MIAMI BEACH FL 33140

☐ DELETE

AD JAGIS →

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
FOGEL, DAVID
P.O. BOX 398736
MIAMI BEACH, FL 33239-8736

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

[Signature]

4/17/97 305 672 8314

CR2E034 (9/96)