

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

**FILED**

**Feb 11 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000031212 (9)**

1. Corporation Name  
**HIGHLAND OAKS APTS., INC.**



Principal Place of Business  
**735 COLLINS AVE  
MIAMI BEACH FL 33139**

Mailing Address  
**735 COLLINS AVE  
MIAMI BEACH FL 33139-6215**

3. Date Incorporated or Qualified **04/08/1996** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 **1130 Washington Avenue** 26 **Same**

22 **4th Floor** 27

23 **Miami Beach, FL** 28

24 **33139** 25 **U.S.A.** 29

4. FEI Number **65-0678539** 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

**SALAND, ROBERT  
735 COLLINS AVE  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **1130 Washington Avenue**  
83 **4th Floor**  
84 City **Miami Beach** 85 Zip Code **FL 33139**

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 *Robert Saland* 1/4/97  
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                 |  |
|-----------------|--|
| TITLE           | <b>D</b> <input type="checkbox"/> DELETE |
| NAME            | <b>SALAND, ROBERT</b>                    |
| STREET ADDRESS  | <b>735 COLLINS AVE</b>                   |
| CITY - ST - ZIP | <b>MIAMI BEACH FL 33139</b>              |
| TITLE           | <input type="checkbox"/> DELETE          |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> DELETE          |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> DELETE          |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |
| TITLE           | <input type="checkbox"/> DELETE          |
| NAME            |  |
| STREET ADDRESS  |  |
| CITY - ST - ZIP |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |  |
|---------------------|--|
| 11 TITLE            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME             |  |
| 13 STREET ADDRESS   | <b>1130 Washington Avenue, 4th Floor</b>                                     |
| 14 CITY - ST - ZIP  | <b>Miami Beach, FL 33139</b>   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |  |
| 2.3 STREET ADDRESS  |  |
| 2.4 CITY - ST - ZIP |  |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |  |
| 3.3 STREET ADDRESS  |  |
| 3.4 CITY - ST - ZIP |  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |  |
| 6.3 STREET ADDRESS  |  |
| 6.4 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, changed, or on an attachment with an address.

SIGNATURE: *Robert Saland* 2/4/97 (305) 538-9552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)