

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

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Feb 11 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 # 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
4. FEI Number 65-0678539	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1130 Washington Avenue Suite, Apt. #, etc.	26 Same Suite, Apt. #, etc.
22 4th Floor City & State	27 City & State
23 Miami Beach, FL Zip	28 Zip
24 33139 Country	29 U.S.A. Country
30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SALAND, ROBERT 735 COLLINS AVE MIAMI BEACH FL 33139	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* (NOTE: Registered Agent signature required when reinstating) DATE: 1/4/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAND, ROBERT	12 NAME	
STREET ADDRESS	735 COLLINS AVE	13 STREET ADDRESS	1130 Washington Avenue, 4th Floor
CITY-ST-ZIP	MIAMI BEACH FL 33139	14 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* DATE: 2/4/97 (305) 538-9552

CR2E034 (9/96)