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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076090

1. Corporation Name
HEIGHTS INVESTMENTS INC.

Principal Place of Business
43 SAMANA DRIVE
MIAMI FL 33133

Mailing Address
43 SAMANA DRIVE
MIAMI FL 33133

65 BAYHEIGHTS DR
MIA, FL 33133

SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
65 BAYHEIGHTS DR

2a. Mailing Address
65 BAYHEIGHTS DR

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip 33133 Country

3. Date Incorporated or Qualified
09/12/1996

4. FEI Number
65-0697829

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

7. This corporation owes the current year intangible Personal Property Tax Yes No

9. Name and Address of Current Registered Agent

AMKG REGISTERED AGENTS, INC.
1880 SUNTRUST INTERNATIONAL CENTER
ONE S.E. THIRD AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 _____ DATE _____
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D.	<input type="checkbox"/> DELETE
NAME	ECHEVERI, JUAN B	
STREET ADDRESS	43 SAMANA DRIVE 65 BAYHEIGHTS DR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ECHEVERRI, LUZ MARINA	
STREET ADDRESS	43 SAMANA DR	
CITY-ST-ZIP	MIAMI FL	
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

1.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additk
1.2 NAME	ECHEVERI, JUAN B	
1.3 STREET ADDRESS	65 BAYHEIGHTS DRIVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additk
2.1 TITLE	VP	
2.2 NAME	ECHEVERRI, LUZ MARINA	
2.3 STREET ADDRESS	65 BAYHEIGHTS DRIVE	
2.4 CITY-ST-ZIP	MIAMI, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Additk
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additk
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additk
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additk
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 included 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 as an attachment with an address, with all other like employed.

SIGNATURE: *[Signature]* 4-27-00
PRESIDENT
Ph (305) 2850495