

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S73134 (6)

1. Corporation Name

HIGH ALPINE ENTERPRISES CORP.

Principal Place of Business

200 S.W. 8TH STREET
MIAMI FL 33130

Mailing Address

280 S.W. 8TH STREET
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/14/1991

3a. Date of Last Report
04/19/1994

2. Principal Place of Business

21 2801 Ponce de Leon Blvd

2b. Mailing Address

26 2801 Ponce de Leon Blvd.

22 Suite Apt # etc
Suite 850

27 Suite 850

23 City & State
Coral Gables, FL

28 City & State
Coral Gables, FL

24 33134

25

29 33134

30

4. FEI Number
65-0282408

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 failed to comply with the provisions of Chapter 193, Florida Statutes.
☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MACHADO, MARCOS A.
280 S.W. 8TH STREET
MIAMI FL 33130

10. Name and Address of New Registered Agent

01 Name Machado, Marcos A.

02 Street Address (P.O. Box Number is Not Acceptable)
2801 Ponce de Leon Blvd.

03 Suite 850

04 City Coral Gables

FL

05 Zip Code
33134

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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Agent or person performing duties of registered agent and filing this statement)

(If filer is registered agent, person performing duties of registered agent and filing this statement)

(Date)

12. OFFICERS AND DIRECTORS

01	02
NAME	D
NAME	MEDEIROS, GERALDO A.
STREET ADDRESS	280 S.W. 8TH ST
CITY, ST, ZIP	MIAMI FL
NAME	D
NAME	MEDEIROS, SUZANA P.
STREET ADDRESS	280 S.W. 8TH ST
CITY, ST, ZIP	MIAMI FL
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01	02	03
NAME	D	☒ Change ☐ Addition
NAME	Medeiros, Geraldo A.	
STREET ADDRESS	2801 Ponce de Leon Blvd. #850	
CITY, ST, ZIP	Coral Gables, FL 33134	
NAME	D	☒ Change ☐ Addition
NAME	Medeiros, Suzana P.	
STREET ADDRESS	2801 Ponce de Leon Blvd. #850	
CITY, ST, ZIP	Coral Gables, FL 33134	
NAME		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
NAME		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
NAME		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(b), Florida Statutes. I further certify that this information is based on this annual report or supplemental annual report, true and accurate and that my corporation shall have the same kept on file. I make under oath that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 of Block 13 and changed, or in a subsequent report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALDO A. MEDEIROS

APRIL 22 95