

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

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **S80796** (3)
1. Corporation Name
HIGHVIEW CREST FLORIDA CORP.

Principal Place of Business Mailing Address
ERNEST L. MASCARA
GLADES BLDG SUITE #303
ST. PETERSBURG FL 33702
US

ERNEST L. MASCARA
P.O. BOX 22095
ST. PETERSBURG FL 33742
US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip * Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MASCARA, ERNEST L.
877 EXECUTIVE CENTER DR W
GLADES BLDG #303
ST. PETERSBURG FL 33702

APPROVED AND FILED
95 APR 25 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.
3. Date Incorporated or Qualified 3a. Date of Last Report
09/17/1991 **05/01/1994**
4. FEI Number Applied For
59-3101988 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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 *Ernest L. Mascara* DATE *April 10, 1995*
Signature: typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when filer is not agent.)

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SCENNA, DANIEL
STREET ADDRESS	3151 CLINT MOORE RD #104
CITY - ST - ZIP	BOCA RATON FL
TITLE	DVS
NAME	GOFFI, NAZARENO
STREET ADDRESS	7050 WESTON RD #304
CITY - ST - ZIP	WOODBRIDGE, ONTARIO
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	7050 Weston Rd., Suite 304
14 CITY - ST - ZIP	Woodbridge, Ontario L4L 8G7 CANADA
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	100001466401
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	04727/95--01036mp024
44 CITY - ST - ZIP	***1800.00 ***200.00
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Daniel C. Scenna* (MARCH 30/95) DANIEL C. SCENNA MARCH 30/95 (905) 580-5500
Signature: typed or printed name of signing officer or director Date Date of Filing