

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90114 019 \*\*\*150.00

0275362

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000083460**

1. Corporation Name  
**TSH ONE, INC.**



Principal Place of Business  
 3300 N.E. 192 STREET, STE 1101  
 AVENTURA FL 33180

Mailing Address  
 3300 N.E. 192 STREET, STE 1101  
 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **19656 E. COUNTRY CLUB DR.**

2a. Mailing Address  
 26 **19656 E. COUNTRY CLUB DR.**

3. Date Incorporated or Qualified  
**09/25/1998**

4. FEI Number  
**65 - 0871909**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 City & State  
**AVENTURA FL**

28 City & State  
**AVENTURA FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 Zip  
**33180**

29 Zip  
**33180**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

25 Country  
**USA**

30 Country  
**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARK E. FRIED PROFESSIONAL ASSOCIATION**  
 1110 BRICKELL AVE., STE 700  
 MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	
NAME	<b>HUGUENIN, THIERRY S</b>	
STREET ADDRESS	<b>3300 N.E. 192 STREET, STE 1101</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	
TITLE	<b>D</b>	
NAME	<b>HUGUENIN, BEATRICE C</b>	
STREET ADDRESS	<b>3300 N.E. 192 STREET, STE 1101</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	<b>P/D</b>		
1.2 NAME	<b>HUGUENIN THIERRY S.</b>		
1.3 STREET ADDRESS	<b>19656 E. COUNTRY CLUB DRIVE</b>		
1.4 CITY-ST-ZIP	<b>AVENTURA FL 33180</b>		
2.1 TITLE	<b>T/S/D</b>		
2.2 NAME	<b>HUGUENIN BEATRICE C.</b>		
2.3 STREET ADDRESS	<b>19656 E. COUNTRY CLUB DRIVE</b>		
2.4 CITY-ST-ZIP	<b>AVENTURA FL 33180</b>		
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BEATRICE C. HUGUENIN**

**02.01.99**

**305 792 9136**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)