

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **G36400** (1)
1. Corporation Name
O & S INVESTMENT CORPORATION



Principal Place of Business 16855 NE 2ND AVE. SUITE 202 N. MIAMI BEACH FL 33162-1744	Mailing Address 16855 NE 2ND AVE. SUITE 202 N. MIAMI BEACH FL 33162-1744
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/29/1983	
21		26		4. FEI Number 59-2288995	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SILVER, PAUL 5887 NW 151ST ST SUITE 101 MIAMI LAKES FL 33014				10. Name and Address of New Registered Agent 81 Name ORNSTEIN, DAVID 82 Street Address (P.O. Box Number is Not Acceptable) 16855 NE 2ND AVE #202 83 N. MIAMI BEACH 84 City FL 85 Zip Code 33162			
--	--	--	--	--	--	--	--

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 David H. Ornstein, M.D. (NOTE: Registered Agent signature required when reinstating) DATE 7-2-98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	NAME	ORNSTEIN, DAVID	1.1 TITLE		1.2 NAME	
STREET ADDRESS		16855 NE 2ND AVE.		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
CITY-ST-ZIP		N. MIAMI BEACH FL 33162-1744		2.1 TITLE		2.2 NAME	
TITLE	STD	NAME	SILVERMAN, LEWIS D.	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS		16855 NE 2ND AVE.		3.1 TITLE		3.2 NAME	
CITY-ST-ZIP		N. MIAMI BEACH FL 33162-1744		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	O	NAME	ROMAN, RICARDO J	4.1 TITLE		4.2 NAME	
STREET ADDRESS		16855 NE 2ND AVE.		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		N. MIAMI BEACH FL 33162-1744		5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY-ST-ZIP				6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

Note: No previous renewal information was received prior to today.
Enclosed \$165.00

700002594507
-07/21/98--01092--0037-21
***165.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: David H. Ornstein, M.D. DATE: 7-2-98 305 770-0062