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

FILED
Apr 30 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 # L79281 (6)

1. Corporation Name
OHS, INC.

Principal Place of Business
5775 NW BLUE LAGOON DR., STE.400
MIAMI FL 33126

Mailing Address
5775 NW BLUE LAGOON DR., STE.400
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
06/07/1990

4. FEI Number
65-0274594
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SHUE, HENRY C. TIE
5775 BLUE LAGOON DR.
STE. 400
MIAMI FL 33126

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | CEOD | ☐ DELETE | 1.1 TITLE | C/D | ☒ Change ☐ Addition |
| NAME | TIE SHUE, HENRY C. | | 1.2 NAME | Tie Shue, Henry C. | |
| STREET ADDRESS | 5775 BLUE LAGOON DR., STE. 400 | | 1.3 STREET ADDRESS | 5775 Blue Lagoon Dr. #400 | |
| CITY-ST-ZIP | MIAMI FL 33126 | | 1.4 CITY-ST-ZIP | Miami, Fl. 33126 | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | CEO/P/D | ☒ Change ☐ Addition |
| NAME | SHAPIRO, STANLEY | | 2.2 NAME | Shapiro, Stanley I. | |
| STREET ADDRESS | 5775 NW BLUE LAGOON DR., STE.400 | | 2.3 STREET ADDRESS | 5775 Blue Lagoon Dr. #400 | |
| CITY-ST-ZIP | MIAMI FL 33126 | | 2.4 CITY-ST-ZIP | Miami, Fl. 33126 | |
| TITLE | COOD | ☐ DELETE | 3.1 TITLE | VC/D | ☒ Change ☐ Addition |
| NAME | LEVINE, HOWARD | | 3.2 NAME | Levine, Howard | |
| STREET ADDRESS | 5775 NW BLUE LAGOON DR., STE.400 | | 3.3 STREET ADDRESS | 5775 Blue Lagoon Dr. #400 | |
| CITY-ST-ZIP | MIAMI FL 33126 | | 3.4 CITY-ST-ZIP | Miami, Fl. 33126 | |
| TITLE | SD | ☒ DELETE | 4.1 TITLE | S | ☐ Change ☒ Addition |
| NAME | HILINSKI, SCOTT F | | 4.2 NAME | Berman, Marla I. | |
| STREET ADDRESS | 5775 NW BLUE LAGOON DR., STE.400 | | 4.3 STREET ADDRESS | 5775 Blue Lagoon Dr. #400 | |
| CITY-ST-ZIP | MIAMI FL 33126 | | 4.4 CITY-ST-ZIP | Miami, Fl. 33126 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | | | 5.2 NAME | Gorman, Michael A. | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 50 Kennedy Plaza | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Providence, RI 02902 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | | | 6.2 NAME | Hilinski, Scott F. | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 50 Kennedy Plaza | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Providence, RI | |

CR2E034 (10/97)

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.

SIGNATURE: 4/23/98 (305) 262-1333

## 13. Additions/Changes to Officers and Directors in 12.

| | |
|---|---|
| 1.1. Title | D |
| 1.2. Name | Breier, Robert G. |
| 1.3. Street Address | 1320 South Dixie Highway, Suite 830 |
| 1.4. City-St-Zip | Coral Gables, Fl. 33146 |