

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90088 011 ***150.00

DOCUMENT # L79281

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

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 the current year intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHUE, HENRY C. TIE
5775 BLUE LAGOON DR.
STE. 400
MIAMI FL 33126

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

TITLE CD ☐ DELETE
NAME TIE SHUE, HENRY C.
STREET ADDRESS 5775 BLUE LAGOON DR., STE. 400
CITY-ST-ZIP MIAMI FL 33126

TITLE CEOP ☐ DELETE
NAME SHAPIRO, STANLEY
STREET ADDRESS 5775 NW BLUE LAGOON DR., STE.400
CITY-ST-ZIP MIAMI FL 33126

TITLE VCD ☐ DELETE
NAME LEVINE, HOWARD
STREET ADDRESS 5775 NW BLUE LAGOON DR., STE.400
CITY-ST-ZIP MIAMI FL 33126

TITLE S ☐ DELETE
NAME BERMAN, MARLA I.
STREET ADDRESS 5775 NW BLUE LAGOON DR., STE.400
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☐ DELETE
NAME GORMAN, MICHAEL A.
STREET ADDRESS 50 KENNEDY PLAZA
CITY-ST-ZIP PROVIDENCE FL 02902

TITLE D ☐ DELETE
NAME HILINSKI, SCOTT F.
STREET ADDRESS 50 KENNEDY PLAZA
CITY-ST-ZIP PROVIDENCE RI 02902

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DCEOP ☒ Change ☐ Addition
1.2 NAME Shapiro, Stanley I.
1.3 STREET ADDRESS 5775 Blue Lagoon Drive, Suite 400
1.4 CITY-ST-ZIP Miami, FL. 33126

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Breier, Robert G.
2.3 STREET ADDRESS 2800-Ponce De Leon Blvd.; Suite 1125
2.4 CITY-ST-ZIP Coral Gables, Fl. 33134-6912

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Stanley Shapiro, President

3/1/99

(305) 262-1333

Date

Daytime Phone #

CR2E034 (1/98)

0182151