FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:38

DOCUMENT # M35263 (6)

1. Corporation Name
S.H.S., INC.

Principal Place of Business	Mailing Address
400 S. POINTE DR., #608 MIAMI BEACH FL 33139	~~400 S. POINTE DR., #608~~ ~~MIAMI BEACH FL 33139~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26 % IRANCO	3. Date Incorporated or Qualified 07/16/1986	3a. Date of Last Report 06/01/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 1130 Washington Ave. #100	4. FEI Number 59-2693907	Applied For Not Applicable
City & State 23	City & State 28 Miami Beach, FL	5. Certificate of Status Desired X	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 33139 / 30 USA	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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHEINER, HARRY 400 S. POINTE DR. #608 MIAMI BEACH FL 33139	81 Name: Allan Scheiner 82 Street Address (P.O. Box Number is Not Acceptable): 400 S. Pointe Drive, #608 83 84 City: Miami Beach FL 85 Zip Code: 33139

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] 2-15-95
(Signature of one of the above) Name of Registered Agent (Last Name First if Individual) (NOTE: Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRESIDENT & TREASURER	☒ Change ☐ Addition
NAME	~~SCHEINER, HARRY~~	12 NAME	ALLAN SCHEINER	
STREET ADDRESS	~~400 S. POINTE DR.~~	13 STREET ADDRESS	400 S. POINTE DR. #608	
CITY-ST-ZIP	~~MIAMI BEACH FL~~	14 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	SCHEINER, SADIE	22 NAME		
STREET ADDRESS	400 S. POINTE DR.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP		
TITLE	~~SECRETARY~~	31 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	~~MARTA SCHEINER~~	32 NAME	MARTA SCHEINER	
STREET ADDRESS		33 STREET ADDRESS	400 S. POINTE DR. #608	
CITY-ST-ZIP		34 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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: X [signature] 2/15/95 (305) 532-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0148707 CP