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FILED
Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000048024 (0)

1. Corporation Name
OHC FINANCIAL CORP.

Principal Place of Business

3250 MARY STREET
SUITE 500
MIAMI FL 33133

Mailing Address

3250 MARY STREET
SUITE 500
MIAMI FL 33133-5232



3. Date Incorporated or Qualified 06/13/1995
3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

APPLIED FOR

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

PELTZ, ARVIN ESO
3250 MARY STREET
SUITE 500
MIAMI FL 33133

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	DCP	<input type="checkbox"/> DELETE
NAME	WEISER, SHERWOOD M	
STREET ADDRESS	3250 MARY STREET - SUITE 500	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	DVCS	<input type="checkbox"/> DELETE
NAME	LEFTON, DONALD E	
STREET ADDRESS	3250 MARY STREET - SUITE 500	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP8	<input type="checkbox"/> DELETE
NAME	STURGES, ROBERT B	
STREET ADDRESS	3250 MARY STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SIBLEY, PETER L	
STREET ADDRESS	3250 MARY STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	HEWITT, THOMAS F	
STREET ADDRESS	3250 MARY STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	TEMLING, PETER W	
STREET ADDRESS	3250 MARY ST. #500	
CITY-ST-ZIP	MIAMI FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DVCAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VPAS <input checked="" 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	

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***165.00

14. I do 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

(305) 445-2493

CR2E034 (9/96)