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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000062898 (7)

OSHER CORPORATION

MIAMI FL

CITY-ST-ZIP

Principal Place of Business	
520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131	

Mailing Address

FILED May 18 1998 8:00am Secretary of State



520 BRICKELL KEY DRIVE **SUITE 0-305** DO NOT WRITE IN THIS SPACE MIAMI FL 33131 3. Date Incorporated or Qualified 07/26/1996 2. Principal Place of Business 2a. Mailing Address Applied For 65-0706781 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FREEMAN STEPHAN A 520 BRICKELL KEY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 0-305** 83 **MIAMI FL 33131** 84 City 85 Zin 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 rogistered 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE NAME LANDSBERG, PEDRO 1.2 NAME 520 BRICKELL KEY DRIVE SUITE 0-305 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE GROSMAN, GIL 2.2 NAME NAME **1740 NW 9TH AVE** STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Addition 3.1 TITLE TITLE LANDSBERG, PEDRO 3.2 NAME NAME 1740 NW 94TH AVE STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE LANDSBERG, TAMARA 4. 2 NAME NAME 1740 NW 94TH AVE STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE GROSMAN, BERNARD 5.2 NAME NAME 1740 NW 94TH AVE STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE ___ Addition TITLE FREEMAN, STEPHEN A NAME 6.2 NAME 520 BRICKELL KEY DR SUITE 0-305 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST-ZIP 14. 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 attentionally fitth an address.