FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # P96000063498 (5) BHSR, INC. Principal Place of Business Mailing Address 719 LINCOCN ROAD MIAME BEACH & 33139 719-LINGORN ROAD MHAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1996 2. Principal Place of Business Applied For 10th St 6 N Not Applicable 65-0736071 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Country SA 8. This corporation owes or has paid the current year Intangible USA Personal Property Tax due June 30. Yes Yes 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RHODES, STEVEN M 719 LINCOLN ROAD 82 Vot Acceptable) MIAMI BEACH FL 33139 83 84 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, typed or printed name of registered agent and title it applicable. (NO1E: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition 1.2 NAME RHODES, STEVEN M CR2E034 56 NE 218 TINDOFN BOYD 1.3 STREET ADORESS STREET ADDRESS MIAMINBEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADORESS 6.4 C(TY-ST-ZIP 14. I hereby certify that the information indicated on this annual report or sufficer or director of the corporation Block 12 or Block 13 if changed. ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tentel 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name papears in attachment with an address.

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SIGNATURE:

Appears in 576-2012