

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 01, 1999 8:00 am
Secretary of State

03-01-1999 90114 019 ***150.00

DOCUMENT # P98000083460

1. Corporation Name
TSH ONE, INC.

Principal Place of Business
3300 N.E. 192 STREET, STE 1101
AVENTURA FL 33180

Mailing Address
3300 N.E. 192 STREET, STE 1101
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1998

4. FEI Number

65 - 0871909

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

2. Principal Place of Business

21 19656 E. COUNTRY CLUB DR.

Suite, Apt. #, etc.

22 City & State

23 AVENTURA FL

Zip Country

24 33180 25 USA

2a. Mailing Address

26 19656 E. COUNTRY CLUB DR.

Suite, Apt. #, etc.

27 City & State

28 AVENTURA FL

Zip Country

29 33180 30 USA

9. Name and Address of Current Registered Agent

MARK E. FRIED PROFESSIONAL ASSOCIATION
1110 BRICKELL AVE., STE 700
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 D ☐ DELETE

NAME HUGUENIN, THIERRY S
STREET ADDRESS 3300 N.E. 192 STREET, STE 1101
CITY-ST-ZIP AVENTURA FL 33180

TITLE D ☐ DELETE

NAME HUGUENIN, BEATRICE C
STREET ADDRESS 3300 N.E. 192 STREET, STE 1101
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME HUGUENIN THIERRY S.
1.3 STREET ADDRESS 19656 E. COUNTRY CLUB DRIVE
1.4 CITY-ST-ZIP AVENTURA FL 33180

2.1 TITLE T/S/D ☒ Change ☐ Addition

2.2 NAME HUGUENIN BEATRICE C.
2.3 STREET ADDRESS 19656 E. COUNTRY CLUB DRIVE
2.4 CITY-ST-ZIP AVENTURA FL 33180

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: BEATRICE C. HUGUENIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02.01.99

Date

305 792 9136

Daytime Phone #

CR2E034 (11/98)

0275362