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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000020455 (9)**
1. Corporation Name
SASSON REALTY CORP.

Principal Place of Business Mailing Address
**5200 N.W. 107TH STREET
HALEAH FL 33014** **5200 N.W. 107TH STREET
HALEAH FL 33014**

3. Date Incorporated or Qualified **03/14/1984** 3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address 4. FEI Number **65-0475382** Applied For Not Applicable
21 10501 N.W. 7TH Ave **26 10501 N.W. 7TH Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**
City & State City & State
23 MIAMI, Florida **28 MIAMI, Florida**
Zip Country Zip Country
24 33150 **25 U.S.** **29 33150** **30 U.S.**
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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
FELDMAN, BENNETT G
2855 LEJEUNE ROAD
SUITE 541
CORAL GABLES FL 33134
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 agent 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 _____ (NOTE: Registered Agent signature required when new agent)
Signature (typed or printed name of registered agent and title if applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSON, ZAKAY	12 NAME	
STREET ADDRESS	5200 N.W. 107TH STREET	13 STREET ADDRESS	10501 N.W. 7TH Ave
CITY - ST - ZIP	HALEAH FL 33014	14 CITY - ST - ZIP	MIAMI, Fla. 33150
TITLE	D	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSON, EZRA	22 NAME	
STREET ADDRESS	5200 N.W. 107TH STREET	23 STREET ADDRESS	10501 N.W. 7TH Ave.
CITY - ST - ZIP	HALEAH FL 33014	24 CITY - ST - ZIP	MIAMI, Fla. 33150
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEFER, ENRIQUE	32 NAME	
STREET ADDRESS	5200 N.W. 107TH STREET	33 STREET ADDRESS	10501 N.W. 7TH Ave
CITY - ST - ZIP	HALEAH FL 33014	34 CITY - ST - ZIP	MIAMI, Fla. 33150
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do 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)(b), 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 in an attachment with an address.

SIGNATURE:  **ENRIQUE FEFER** **4/18/95** **305-7518571**
Typed or printed name of signing officer or director