

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 259941 (3)

1. Corporation Name:

SASON REALTY, INC.

Principal Place of Business

C/O BUDOWSKY
1100 NE 163 ST. #314
N. MIAMI BCH. FL 33162

Mailing Address

C/O BUDOWSKY
1100 NE 163 ST. #314
N. MIAMI BCH. FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1962

3a. Date of Last Report

02/10/1994

4. FEI Number

59-0989110

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

2. Principal Place of Business

21 1550 N.E. MIAMI GARDENS DR.

2a. Mailing Address

25 SAME AS

Suite, Apt. #, etc

22 # 410

Suite, Apt. #, etc

27 PRINCIPAL PLACE OF

City & State

23 No. MIAMI BEACH, FLA.

City & State

28 BUSINESS

Zip

24 33179

Country

25 U.S.A.

Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUDOWSKY, BENJAMIN

1100 NE 163RD ST.

N. MIAMI BCH. FL 33162

81 Name

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

1550 N.E. MIAMI GARDENS DR. #410

83

84 City

No. MIAMI BEACH

FL

85 Zip Code

33179

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 607.0509, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when constituting)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STERNBERG, SUSAN
STREET ADDRESS	12A NORFOLK RD NW 8
CITY, ST, ZIP	LONDON, ENGLAND
TITLE	VD
NAME	PERLMAN, LOUIS
STREET ADDRESS	888 - 7TH AVE. 26 FLOOR
CITY, ST, ZIP	NEW YORK NY
TITLE	STD
NAME	MANNHEIM, URIEL
STREET ADDRESS	1506 SW 23RD ST.
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	PERLMAN, ROBERT A.
STREET ADDRESS	36 HAMPSTEAD GROVE, NW 3
CITY, ST, ZIP	LONDON, ENGLAND
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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 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 on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 23, 1995

Signature Printed Name