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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 259941

(3)

1. Corporation Name

SASON REALTY, INC.

Principal Place of Business

1550 NE MIAMI GARDENS DR  
STE 410  
N MIAMI BEACH FL 33179  
US

Mailing Address

1550 NE MIAMI GARDENS DR  
STE 410  
N MIAMI BEACH FL 33179-4836  
US

3. Date Incorporated or Qualified  
06/13/1962

3a. Date of Last Report  
04/02/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUDOWSKY, BENJAMIN  
1550 NE MIAMI GARDENS DR  
STE 410  
N. MIAMI BCH. FL 33179

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 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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MORRIS, SYDNEY  
STREET ADDRESS P.O. BOX N 8327 N/A  
CITY-ST-ZIP NASSAU, BAHAMAS

TITLE SD  
NAME LUNN, DAVID A  
STREET ADDRESS P.O. BOX N 8327 N/A  
CITY-ST-ZIP NASSAU, BAHAMAS

TITLE TD  
NAME GASSAR, WYLYN B  
STREET ADDRESS P.O. BOX N 8327 N/A  
CITY-ST-ZIP NASSAU, BAHAMAS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE SD  
2.2 NAME Simmons, Ivamae  
2.3 STREET ADDRESS P.O. Box N-8327 (N/A)  
2.4 CITY-ST-ZIP Nassau, N.P. Bahamas

3.1 TITLE TD  
3.2 NAME Amoury, Iris  
3.3 STREET ADDRESS P.O. Box N-8327 (N/A)  
3.4 CITY-ST-ZIP Nassau, N.P. Bahamas

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Ivamae Simmons

IVAMAE SIMMONS

Feb 10 1997

242-322-7461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0243473

CR2E034 (9/96)