

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 9:39

DOCUMENT # 613944 (8)

1. Corporation Name

SACHS ASSOCIATES, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**670-MORTON-R-GOUDISS
1111 LINCOLN RD., SUITE 680
MIAMI BCH. FL 33139**

Mailing Address

**670-MORTON-R-GOUDISS
1111 LINCOLN RD., SUITE 680
MIAMI BCH. FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/22/1979

3a. Date of Last Report
03/11/1994

4. FEI Number
59-2162394

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. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 **3001 Ponce De Leon Blvd.**

Suite, Apt. #, etc.
22 **212**

City & State

23 **Coral Gables, FL**

Zip
24 **33134**

Country

25 **U.S.A.**

2a. Mailing Address

26 **14321 S.W. 77th Ave.**

Suite, Apt. #, etc.

27 **-----**

City & State

28 **Miami, FL**

Zip

29 **33158**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**GOUDISS, MORTON R
1111 LINCOLN RD.
SUITE 680
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name **MARTIN W. SACHS**

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

83 **14321 S.W. 77th Ave.**

84 City **Miami**

FL

85 Zip Code
33158

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 **Martin W. Sachs, PD**

(Print Name of Registered Agent Signature Here)

DATE

04-17-95

12. OFFICERS AND DIRECTORS

TITLE **ST**
NAME **GOUDISS, MORTON R**
STREET ADDRESS **1111 LINCOLN RD., #680**
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **PD**
NAME **SACHS, MARTIN W.**
STREET ADDRESS **3001 PONCE DE LEON #2112**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **ST** ☒ Change ☐ Addition
1.2 NAME **Jeffrey M. Sachs**
1.3 STREET ADDRESS **3181 N.W. 94th Way**
1.4 CITY-ST-ZIP **Sunrise, FL 33351**

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)(k), 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 as an attachment with an address.

SIGNATURE:

(Signature and Typed or Printed Name of Signing Officer or Director)

MARTIN W. SACHS

04/17/95

305 446 3700