

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **613944** (8)

1. Corporation Name
SACHS ASSOCIATES, INC.



Principal Place of Business 3001 PONCE DE LEON BLVD #212 CORAL GABLES FL 33134 US	Mailing Address 14321 SW 77 AVE MIAMI FL 33158-1502 US
---	--

3. Date Incorporated or Qualified 03/22/1979	3a. Date of Last Report 03/12/1996
--	--

2. Principal Place of Business 21 15321 S. DIXIE HWY. Suite, Apt. #, etc. 22 301 B City & State 23 MIAMI, FL Zip 24 33157	2a. Mailing Address 26 Suite, Apt. #, etc. City & State 28 Zip 29	4. FEI Number 59-2162394	Applied For <input type="checkbox"/> Not Applicable
Country 25 U.S.A.	Country 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SACHS, MARTIN W.
14321 14321 SW 77 AVE
MIAMI FL 33158**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 14321 S.W. 77 AVE.	83	84 City	85 Zip Code FL
---------	--	----	---------	--------------------------

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** DATE **01-22-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ST	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SACHS, JEFFREY M.		1.2 NAME	
STREET ADDRESS 5115 MACINTOSH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP LA GRANGE KY 40031		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SACHS, MARTIN W.		2.2 NAME	SAME
STREET ADDRESS 3001 PONCE DE LEON #2112		2.3 STREET ADDRESS	15321 S. DIXIE HWY.
CITY-ST-ZIP CORAL GABLES FL		2.4 CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Martin W. Sachs** (MARTIN W. SACHS) DATE **01-22-97** 305 255-3500

CR2E034 (9/96)