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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 613944

SACHS ASSOCIATES, INC.

Principal Place of Business	Mailing Address	-	
15321 S. DIXIE HWY 301B MIAMI FL 33157 US	14321 SW 77 AVE MIAMI FL 33158 US		

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90035 042 ***150.00



DO NOT WRITE IN THIS SPACE

US					3. Date Incorporated or Qualifed 03/22/1979				
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied Fo	or		
21 1432		26			59-2162394	Not Applic			
Suite, Apt. 1		Suite, Apt. #, etc.			5. Certifcate of Status Desired	8.75 Addition Fee Required			
City & State	IMI EL	- City & State		, .	6Election Campaign Financing	\$5.00 May Be Added to Fees			
Zip	Country Z5 11.5.A.	Zip 30	Country	,	8. This corporation owes the current year Intangi Personal Property Tax.	ible Yes X ∫No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Age	nt			
		 	81	Name					
SACHS, MARTIN W.			92	82 Street Address (P.O. Box Number is Not Acceptable)					
14321 SW 77 AVE			92	ozi Sireel Audress (F.O. Dox Number is Not Acceptable)					
MIAM	#I FL 33158		83		Maria de la companya della companya della companya della companya de la companya della companya				
} }			84	City	FL	Zip Code			
11. Pursuant 1	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	re-named c	proporation submits this statement for the purpose of cha	nging its registe	ered		
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was auth	lorized by	the corpor	ration's board of directors. I hereby accept the appointment	ant as registered	d		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	ent signature rec	quired when reinstating) DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN	12		
TITLE	ST	☐ DELETE	1.1 TITLE	Ţ		Change A	Addition		
NAME	SACHS, JEFFREY M.		1.2 NAME				ļ		
STREET ADDRESS	516 HANBURY LN		1.3 STREE	TADORESS			Ī		
CITY-ST-ZIP	FOSTER CITY CA 94404		1.4 CITY-5	ST-ZIP					
TITLE	PD	☐ DELETE	2.1 TITLE		, , , , , , , , , , , , , , , , , , ,	[Change □ A	Addition		
NAME	SACHS, MARTIN W.		2.2 NAME		1221 20 4.26				
STREET ADDRESS	15321 S DIXIE HWY, STE 3012		2.3 STREE	T ADDRESS	14321 S.W. 77 AUE.				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-	ST-ZIP	MIAMI, FL 33158				
TITLE		☐ DELETE	3.1 TITLE			Change 🗀 A	Addition		
NAME .	la e a a a a a a a a a a a a a a a a a a	است بن پرتان ہا ہ	3.2 NAME		the state of the s	rame	والتربسه		
STREET ADDRESS			3.3 STREE	T ADDRESS	•		-		
CITY-ST-ZIP			3.4. CITY-		<u> </u>				
TITLE		☐ DELETE	4.1 TITLE		<u>;</u>	Change A	Addition		
NAME			4. 2 NAME		•				
STREET ADDRESS			4.3 STREE	TADORESS					
CITY-ST-ZIP	·	parts	4.4 CITY-	ST-ZIP		1 Change 174	Addition		
TITLE		☐ DELETE	5.1 TITLE	-	, · ·] Change	Addition		
NAME			5.2 NAME						
STREET ADDRESS			a	TADDRESS		-	\		
CITY-ST-ZIP			5.4 CITY -			10hanna Ti	Addition		
TITLE		☐ DELETE	6.1 TITLE		Ł]Change	Addition		
NAME			6.2 NAME						
STREET ADDRESS			ľ	ET ADDRESS					
CITY-ST-ZIP			6.4 C/TY+	ST-ZIP					

14. I 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, with all other like empowered.