

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **680239**

(1)

1. Corporation Name

SSAM ASSOCIATES, INC.



Principal Place of Business

111 N.W. 205TH TERR
C/O AUDREY HYMAN
MIAMI FL 33169

Mailing Address

111 N.W. 205TH TERR
C/O AUDREY HYMAN
MIAMI FL 33169

3. Date Incorporated or Qualified

07/29/1980

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

21 **3590 S. State Road 7,**

2a. Mailing Address

26 **SAME**

4. FEI Number

59-2102425

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

Suite, Apt. #, etc.

22 **Suite #1**

City & State

23 **Miramar, Florida**

Zip Country

24 **33023**

25 **USA**

26 **SAME**

27 **SAME**

28 **SAME**

29 **SAME**

30 **SAME**

9. Name and Address of Current Registered Agent

HYMAN, AUDREY
111 N.W. 205TH TERR
MIAMI FL 33169

10. Name and Address of New Registered Agent

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

Audrey Hyman **AUDREY HYMAN**

Signature, typed or printed name of registered agent and date as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/96

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **HYMAN, GARY**
STREET ADDRESS **111 N.W. 205TH TERR**
CITY - ST - ZIP **MIAMI FL**

TITLE **VS** ☒ DELETE
NAME **COHEN, MERRY**
STREET ADDRESS **852 N.E. 209 ST**
CITY - ST - ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **HYMAN, GARY**
1.3 STREET ADDRESS **111 N.W. 205th Terr**
1.4 CITY - ST - ZIP **Miami, FL. 33169**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **COHEN-FRIMOND, MERRY**
2.3 STREET ADDRESS **20040 NW 3 Ave**
2.4 CITY - ST - ZIP **Miami, FL. 33169**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **ST**
3.3 STREET ADDRESS **HYMAN, AUDREY**
3.4 CITY - ST - ZIP **111 N.W. 205th Terr**
Miami, FL. 33169

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 on an attachment with an address.

SIGNATURE:

Merry Cohen-Frimond

MERRY COHEN-FRIMOND

4/27/96

305-987-8894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)