

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 AM 11:15

DOCUMENT # F10185

(9)

1. Corporation Name

SASSON MANAGEMENT CORP.

Principal Place of Business

5200 NW 107TH STREET
HALEAH FL 33014

Mailing Address

5200 NW 107TH STREET
HALEAH FL 33014

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/05/1980

3a. Date of Last Report

01/20/1994

2. Principal Place of Business

21 10501 N.W. 7th Ave

2a. Mailing Address

26 10501 N.W. 7th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

27 City & State

28 MIAMI FL

24 Zip

25 33150

Country

25 USA

29 Zip

29 33150

Country

30 USA

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

FELDMAN, BENNETT G.
2655 LE JEUNE RD. #541
CORAL GABLES FL 33134

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

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
SASSON, ZAKAY
16777 NE 30 AVE.
E. SHORES, MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VID
FEFER, ENRIQUE
230 174TH #419
MIAMI BCH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD
SASSON, EZRA
19355 TURNBERRY DR. #17K
N. MIAMI BCH. FL

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

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

16425 COLLINS AVENUE
MIAMI BEACH FL 33160

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 manager 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 addendum with an addendum.

SIGNATURE:

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR OR SIGNING OFFICER OR DIRECTOR

ENRIQUE FEFER SECY

Date

Signature Pages

1/13/95 305-751-8571