

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

**APPROVED  
AND  
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**95 APR 27 AM 10: 12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # F93000000044 (8)**  
1. Corporation Name  
**SAGAM CORP.**

Principal Place of Business: **342 MADISON AVENUE, SUITE 1708 NEW YORK NY 10173**  
Mailing Address: **342 MADISON AVENUE, SUITE 1708 NEW YORK NY 10173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/29/1992</b>		3a. Date of Last Report <b>01/27/1994</b>	
2. Principal Place of Business		26. Mailing Address	
21. <b>330 MADISON AVE.</b>	26. <b>330 MADISON AVE.</b>	4. FEI Number <b>13-3208430</b>	
22. <b>SUITE 1278</b>	27. <b>SUITE 1278</b>	Applied For <input type="checkbox"/> Not Applicable	
23. <b>NEW YORK, NY</b>	28. <b>NEW YORK, NY</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. <b>10017</b>	29. <b>10017</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25. Country	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COPROLITE CORPORATION  
SUITE 1400 AMERIFIRST BUILDING  
ONE SOUTHEAST THIRE AVE  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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 \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when substituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CP</b>	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIV, YEHUDA</b>	2. NAME	
STREET ADDRESS	<b>342 MADISON AVENUE, SUITE 1708</b>	3. STREET ADDRESS	<b>330 MADISON AVENUE, SUITE 1278</b>
CITY - ST - ZIP	<b>NEW YORK NY 10173</b>	4. CITY - ST - ZIP	<b>NEW YORK, NY 10017</b>
TITLE	<b>D</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IVCHER, MENACHEM</b>	22. NAME	
STREET ADDRESS	<b>19667 TURNBERRY WAY, SUITE #25GR</b>	23. STREET ADDRESS	
CITY - ST - ZIP	<b>NORTH MIAMI BEACH FL 33180</b>	24. CITY - ST - ZIP	
TITLE	<b>V</b>	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUTKIND, ISRAEL</b>	32. NAME	
STREET ADDRESS	<b>9 ISLAND AVENUE, #2009</b>	33. STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI BEACH FL 33139</b>	34. CITY - ST - ZIP	
TITLE	<b>S</b>	41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHIV, SAGIV</b>	42. NAME	
STREET ADDRESS	<b>342 MADISON AVENUE, SUITE 1708</b>	43. STREET ADDRESS	<b>330 MADISON AVENUE, SUITE 1278</b>
CITY - ST - ZIP	<b>NEW YORK NY 10173</b>	44. CITY - ST - ZIP	<b>NEW YORK, NY 10017</b>
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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 110.07(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: \_\_\_\_\_ **YEHUDA SHIV** **4/19/95** **212-492-3177**  
(Signature typed or printed name of signing officer or director) (Date) (Phone Area #)