

**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 # F93000000044 (8)

1. Corporation Name  
**SAGAM CORP.**



Principal Place of Business: **330 MADISON AVENUE STE 1278 NEW YORK NY 10017 US**  
Mailing Address: **330 MADISON AVENUE SUITE 1278 NEW YORK NY 10017 US**

3. Date Incorporated or Qualified: **12/29/1992**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **13-3208430**  
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

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

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

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and the applicable Florida Statute section number.

**12. OFFICERS AND DIRECTORS**

TITLE	<b>CP</b>	<input type="checkbox"/> DELETE
NAME	<b>SHIV, YEHUDA</b>	
STREET ADDRESS	<b>330 MADISON AVENUE, STE 1278</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>IVCHER, MENACHEM</b>	
STREET ADDRESS	<b>19687 TURNBERRY WAY, SUITE #25GR</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33180</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GUTKIND, ISRAEL</b>	
STREET ADDRESS	<b>9 ISLAND AVENUE, #2009</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SHIV, SAGIV</b>	
STREET ADDRESS	<b>330 MADISON AVENUE, STE 1278</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

**200001899282  
-07/19/96--01027--008  
\*\*\*225.00**

*Yehuda Shiv*

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: YEHUDA SHIV, PRES. DATE: 5/17/96 DAYTIME PHONE # 212-992-3377

CR2E034 (12/95)