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 # **K39548** **(8)**

1. Corporation Name

SAUVAGE INT'L, INC.

Principal Place of Business	Mailing Address
501 GOLDEN ISLES DR., #206-B HALLANDALE FL 33009	501 GOLDEN ISLES DR., #206-B HALLANDALE FL 33009

3. Date Incorporated or Qualified: **10/18/1988**	3a. Date of Last Report: **02/14/1995**
4. FEI Number: **65-0077977**	☐ 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	

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

9. Name and Address of Current Registered Agent

LEVY, SHAOL
701 S.W. 100TH AVE.
PEMBROKE PINES FL 33025

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 617.1508, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, SHAOL		1.2 NAME	
STREET ADDRESS	701 SW 100TH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVY, VIDA		2.2 NAME	
STREET ADDRESS	701 SW 100TH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINE FL		2.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SALSTEIN, GLORIA		3.2 NAME	
STREET ADDRESS	3140 S OCEAN DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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)(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.

SIGNATURE: _____ - SHAOL LEVY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96
Date

1-305-454-6663
Daytime Phone #

CR2E034 (12/95)