

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 # **P12887** (6)

1. Corporation Name

SADDLE RIDGE N.V.



Principal Place of Business

Mailing Address

**%PREMIER ASSET MANAGEMENT, INC.
3115 NE 163RD ST.
N MIAMI BEACH FL 33160-1462**

**%PREMIER ASSET MANAGEMENT, INC.
3115 NE 163RD ST.
N MIAMI BEACH FL 33160-1462**

3. Date Incorporated or Qualified

01/14/1987

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21 **2100 Park Central Blvd. N.**

26 **2100 Park Central Blvd. N.**

4. FEI Number

59-2750092

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **900**

27 **900**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23 **Pompano Beach, FL**

28 **Pompano Beach, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **33064**

25 **USA**

29 **33064**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, NANCY C.
3049 N.E. 163RD. ST.
N. MIAMI BEACH FL 33160**

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 (see the Reg. 1.046)

(NOTE: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME **PD
SREDNI, ISAAC**
STREET ADDRESS **3049 N.E. 163RD STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD
BROD, CAREN**
STREET ADDRESS **3049 N.E. 163RD STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD
SREDNI, ERWIN**
STREET ADDRESS **3049 N.E. 163RD STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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 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. I am attaching with an address

Erwin Sredni, Vice President

04/29/96

(954)971-3339

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)