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1995 MAY -1 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P 38331

1. Corporation Name

S B SAX INC.

Principal Place of Business / Mailing Address

~~C/O 13 WHIPPOORWILL ROAD~~
~~ARMONK NY 10504~~

000001432910
-05/18/95--01011--018
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1993
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business
21: 604 COURTLAND STREET
Suite, Apt. #, etc.
22: SUITE 138
City & State
23: ORLANDO FLORIDA
Zip 24: 32804 Country 25: USA

2a. Mailing Address
26: 604 COURTLAND STREET
Suite, Apt. #, etc.
27: SUITE 138
City & State
28: ORLANDO FLORIDA
Zip 29: 32804-1318 Country 30: USA

4. FEI Number: 59-3103569 ☐ 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

9. Name and Address of Current Registered Agent

AGC C/O
200 SOUTH ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	☐ Change ☐ Addition
NAME	MALAS HAMZE	1.2 NAME	
STREET ADDRESS	13 WHIPPOORWILL ROAD	1.3 STREET ADDRESS	REMOVED
CITY-ST-ZIP	ARMONK NY	1.4 CITY-ST-ZIP	
TITLE	V/D	2.1 TITLE	P/D ☒ Change ☐ Addition
NAME	CHARTOUNI NABIL	2.2 NAME	CHARTOUNI NABIL
STREET ADDRESS	13 WHIPPOOR WILL ROAD	2.3 STREET ADDRESS	44 DAVIES STREET
CITY-ST-ZIP	ARMONK NY	2.4 CITY-ST-ZIP	LONDON W1Y1LD ENGLAND
TITLE	D	3.1 TITLE	☐ Change ☒ Addition
NAME	SUTHERLAND BARBARA	3.2 NAME	
STREET ADDRESS	44 DAVIES STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON W1Y1LD ENGLAND	3.4 CITY-ST-ZIP	
TITLE	S/T	4.1 TITLE	S/T ☒ Change ☐ Addition
NAME	VAGHADIA VINOD	4.2 NAME	VAGHADIA VINOD
STREET ADDRESS	13 WHIPPOORWILL ROAD	4.3 STREET ADDRESS	44 DAVIES STREET
CITY-ST-ZIP	ARMONK NY	4.4 CITY-ST-ZIP	LONDON W1Y1LD ENGLAND
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	JAP
STREET ADDRESS		6.3 STREET ADDRESS	5-1-95
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: _____ APRIL 26 1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

V. VAGHADIA SECRETARY/TREASURER