FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:24

DOCUMENT # P92000001078 (4)

1. Corporation Name
SACKMAN 2, INC.

Principal Place of Business	Mailing Address
3015 RICE STREET SUITE 9 COCONUT GROVE FL 33133 US	3015 RICE STREET SUITE 9 COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1992
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business
21: Same
Suite, Apt. #, etc.
22:
City & State
23:
Zip / County
24: / 25:

2a. Mailing Address
26: Same
Suite, Apt. #, etc.
27:
City & State
28:
Zip / County
29: / 30:

4. FEI Number: 65-0365518
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

SACKMAN, LILIAN T
~~5625 GARDENIA~~
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number not Acceptable): 6914 Mindello St.
83:
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0505 and 607.1608, Florida Statutes, this 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 of New Registered Agent, if changing) (Name of New Registered Agent, if changing, typed or printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (CHECK ALL THAT APPLY)		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SACKMAN, LILIAN T ~~5625 GARDENIA~~ CORAL GABLES FL 33146	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	6914 Mindello St.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SACKMAN, DONALD ~~5625 GARDENIA~~ CORAL GABLES FL 33146	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	6914 Mindello St.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this filing is complete, accurate 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 with an asterisk (*) or is attached with an address.

SIGNATURE: Lilian Sackman — 6/6/95 (Date) — 305-461-1968 (Daytime Phone #)
SIGNATURE AND TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR

0134074 CP