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 MAR 28 PM 3:03

DOCUMENT # **P92000013794 (2)**

1. Corporation Name
SACQUIER MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
3550 BISCAYNE BLVD. SUITE 502 MIAMI FL 33137	3550 BISCAYNE BLVD. SUITE 502 MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1992
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business	2a. Mailing Address
21 4770 Biscayne Blvd	26 4770 Biscayne Blvd
Suite, Apt. #, etc. 22 Suite 900	Suite, Apt. #, etc. 27 Suite 900
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33137 / 25 Dade	Zip / Country 29 33137 / 30 Dade

4. FEI Number: 65-0391168 ☐ 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	10. Name and Address of New Registered Agent
HABER, MELVIN J 3550 BISCAYNE BLVD. SUITE 502 MIAMI FL 33137	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 4770 Biscayne Blvd, 83 Suite 900 84 City: Miami FL 85 ZIP: 33137

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 _____ (NOTE: Required Agent's signature required when designated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☒ Change ☐ Addition
NAME	ADLER, MARTHA	12 NAME	
STREET ADDRESS	3550 BISCAYNE BLVD. SUITE 502	13 STREET ADDRESS	4770 Biscayne Blvd #900
CITY ST ZIP	MIAMI FL 33137	14 CITY ST ZIP	Miami, FL 33137
TITLE	VS	21 TITLE	☒ Change ☐ Addition
NAME	HABER, MELVIN J	22 NAME	
STREET ADDRESS	3550 BISCAYNE BLVD. SUITE 502	23 STREET ADDRESS	4770 Biscayne Blvd, #900
CITY ST ZIP	MIAMI FL 33137	24 CITY ST ZIP	Miami, FL 33137
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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 and shall be of the same force and 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 added to the report with an address.

SIGNATURE: Martha Adler 3-24-95 305-476-9855
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Telephone Number
MARTHA ADLER

0143703 CP