

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. McManham  
Secretary of State  
VISION OF CORPORATIONS

FILED

97 FEB -5 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044647(4)

1. Corporation Name

Southern Masters Assoc Corp.

Principal Place of Business

20801 Biscayne Blvd  
Suite 455  
Aventura FL 33180

Mailing Address

20801 Biscayne Blvd  
Suite 455  
Aventura FL 33180

3. Date Incorporated or Qualified

06-24-93

3a. Date of Last Report

05-01-95

2. Principal Place of Business

21 20801 Biscayne Blvd  
Suite, Apt. #, etc.  
22 Suite 455

2a. Mailing Address

26 20801 Biscayne Blvd  
Suite, Apt. #, etc.  
27 Suite 455

4. FEI Number

65-0419190

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

Brager, Edward E  
20801 Biscayne Blvd  
Suite 455  
Aventura, FL 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

20801 Biscayne Blvd

83

Suite 455

84

Aventura,

FL

85 Zip Code

33180

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME Brager, Edward E  
STREET ADDRESS 410 595 Madison Ave, Suite 1010  
CITY-ST-ZIP New York, NY 10022

☐ DELETE

TITLE D  
NAME Dan Abramson  
STREET ADDRESS 20801 Biscayne Blvd Suite 455  
CITY-ST-ZIP Aventura, FL 33180

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

200002081052--7

02/07/97 01016-003

\*\*\*\*165.00 \*\*\*\*165.00

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

200002081052--7

02/07/97 01016-004

\*\*\*\*200.00 \*\*\*\*200.00

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

B25-97

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, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

pg. 2 of 2

Fasman, Klein & Feldstein

Certified Public Accountants

914 634-4674/5/6  
FAX 914 634-2328

627 SOUTH MAIN STREET  
(ROUTE 304)  
NEW CITY, NEW YORK 10956-2947

January 31, 1997

DENNIS N. FASMAN, CPA  
MITCHELL L. KLEIN, CPA  
ALAN D. FELDSTEIN, CPA

Division of Corporation  
409 East Gaines Street  
Tallahassee, Florida 32399

ATTENTION: Treavor Brumbley

RE: Southern Masters Associates Corp.  
Doc. # P93000044647

Dear Ms. Brumbley:

As per your phone conversation Friday, January 31, 1997 with Ira Klein, please find enclosed two checks for \$200.00 and \$165.00 to satisfy this entity's obligations for the 1996 and 1997 corporation annual report fees.

Please be advised that this entity received no correspondence whatsoever in 1996 because the address listed on file is incorrect.

We would respectfully request the removal of all penalties and interest attributable to this discrepancy and would appreciate it if you could change the mailing address, principal place of business address, and registered agent's address to the correct location listed below:

20801 Biscayne Blvd.  
Suite 455  
Aventura, Florida 33180

Thank you very much for your time and assistance in regard to this matter.

If I can provide you with any information to facilitate the resolution of this situation, please contact me at 914-634-4674.

Very truly yours,

  
FASMAN, KLEIN & FELDSTEIN

IK/pd  
Encl.