## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000020455 (9)

SASSON REALTY CORP.

Principal Place of Business Mailing Address 10501 NW 7TH AVE 10501 NW 7TH AVE MAIMI FL 33150 MIAMI FL 33150 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 03/14/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0475382 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zìp Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FELDMAN, BENNETT G 2655 LEJEUNE ROAD Street Address (P.O. Box Number is Not Acceptable) **STE 508** 83 CORAL GABLES FL 33134 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 and title if applicable (NOTE: Registered Agent signature required when reinstating 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

\_\_\_ DELETE TITLE 11 TITLE Change Addition SASSON, ZAKAY NAME 1.2 NAME 10501 NW 7TH AVE STREET ADDRESS 1.3 STREET ADDRESS MAIMI FL CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Спапде Addition NAME SASSON, EZRA 2.2 NAME 10501 NW 7TH AVE STREET ADDRESS 2.3 STREET ADDRESS MAIMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME FEFER, ENRIQUE 3.2 NAME 10501 NW 7TH AVE STREET ADDRESS 3.3 STREET ADDRESS MAIMI FL CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CETY - ST - ZIP

14. I hereby certify that the information supplied with this filing 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 emprowered to effect 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:

01/13/98

305-7518571

**FILED** 

Jan 23 1998 8:00am

Secretary of State

CR2E034 (10/97)