

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

1995



SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000027899 (1)

95 MAY - 1 AM 8:32

PAINTING AND WALLPAPERING BY SASSON INC.

16750 N.E. 10TH AVE. APT 322 NORTH MIAMI BEACH FL 33162		16750 N.E. 10TH AVE. APT 322 NORTH MIAMI BEACH FL 33162		3. Date of Filing: 04/12/1994	
21. []		26. []		4. Filing Fee: 65-047-809	
22. []		27. []		5. Certificate of Status Document: \$8.75 Additional Fee Required	
23. []		28. []		6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees	
24. []		29. []		30. []	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SASSON, MOSHE
16750 N.E. 10TH AVE., APT. 322
NORTH MIAMI BEACH FL 33162

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. []	
84. City	FL 85. Zip Code

11. I, the undersigned, the president or secretary of the corporation named herein, hereby certify that the above named corporation satisfies the statement for the purpose of filing its registered office of incorporation or both in the State of Florida, and that the change was authorized by the corporation in accordance with the laws of this State, and that the undersigned is duly qualified to act as a registered agent. I am familiar with and accept the provisions of the Florida Statutes.

SIGNATURE: *X. M. SASSON*

4-23-94

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
TITLE	MOSHE SASSON OFFICERS DIRECTORS	TITLE	OFFICERS DIRECTORS
NAME	MOSHE SASSON	1. NAME	MOSHE SASSON
STREET ADDRESS	16750 N.E. 10 AVE #322	2. STREET ADDRESS	16750 N.E. 10 AVE #322
CITY	Miami Beach FL 33162	3. CITY	M. Miami Beach FL 33162

4. NAME		4. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
6. CITY		6. CITY	
7. NAME		7. NAME	
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY		9. CITY	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY		12. CITY	

TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	

REMITTED BY MAY 1

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the undersigned is duly qualified to act as a registered agent. I am familiar with and accept the provisions of the Florida Statutes.

SIGNATURE: *X. M. SASSON*

4-23-94

(305)6516340