

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 # P94000039792 (4)

1. Corporation Name

AB LIONEL SACON INTERNATIONAL, INC.

Principal Place of Business

3725 PEMBROKE RD
APT A-9
HOLLYWOOD FL 33021
US

Mailing Address

3725 PEMBROKE RD
APT A-9
HOLLYWOOD FL 33021
US

FILED

98 JUN 18 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/26/1994

4. FEI Number

65-0495459

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 2635 N.W. 26TH AVE.

Suite, Apt. #, etc.

22 N/A

City & State

23 BOCA RATON

Zip

24 33481

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 N/A

City & State

28 BOCA RATON

Zip

29 33481

Country

30 USA

9. Name and Address of Current Registered Agent

SACOWINT'L, AB LIONEL
3725 PEMBROKE RD
APT A-9
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

LIONEL SACON

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

2635 N.W. 26TH. CIRCLE

83

84 City

BOCA RATON

FL

85 Zip Code

33481

11. Pursuant to the provisions of Sections 607.002 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 of registered agent and file applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 24, 1998

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
STREET ADDRESS SACON, LIONEL
CITY-ST-ZIP 141 N.E. 3RD AVE., #307
MIAMI FL 33132

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 0000002569820--D

1.3 STREET ADDRESS -06/23/98--01077--018

1.4 CITY-ST-ZIP *****150.00 *****150.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 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 on an attachment with an address

CR2E034 (10/97)