

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

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90045 030 ***150.00

DOCUMENT #

1. Corporation Name

AB LIONAL SACON International, INC

AB LIONAL SACON INT'L INC

Principal Place of Business

Mailing Address

6604 Sweet Maple W.
BOCA RATON FLORIDA
33433

P.O. Box 812095
BOCA RATON FL
33481

953643

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05-26-94

Principal Place of Business

6604 Sweet Maple W

Suite, Apt. #, etc.

City & State

BOCA RATON

Zip

33433

Country

Florida

2a. Mailing Address

P.O. Box 812095

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33481

Country

Florida

4. FEL 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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SACON LIONEL
6604 Sweet Maple W
BOCA RATON FLORIDA
33433

10. Name and Address of New Registered Agent

81 Name AB LIONAL SACON INT'L

82 Street Address (P.O. Box Number is Not Acceptable)
6604 Sweet Maple W

83

84 City BOCA RATON

FL

85 Zip Code

33433

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 appointment of, Section 607.0505, Florida Statutes.

SIGNATURE: Lionel Sacon Pres. D.

05-03-2000

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME: SACON LIONEL
2. ADDRESS: P.O. Box 812095
3. CITY-STATE-ZIP: BOCA RATON FLORIDA 33481

4. NAME: MIETA SACON

5. NAME: [Blank]

6. NAME: [Blank]

7. NAME: [Blank]

8. NAME: [Blank]

9. NAME: [Blank]

10. NAME: [Blank]

11. NAME: [Blank]

12. NAME: [Blank]

13. NAME: [Blank]

14. NAME: [Blank]

15. NAME: [Blank]

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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, with all other like empowered.

SIGNATURE:

LIONEL SACON Pres.

05-03-2000 561-706-7065

Date

Daytime Phone #