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FILED
Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090864 (7)

1. Corporation Name
SAKO U.S.A. INC.



Principal Place of Business
721 NORTH FEDERAL HWY
FT. LAUDERDALE FL 33304
US

Mailing Address
2350 CHEMIN MANELLA RD.
100
MONTREAL QU H4P-2
US

3. Date Incorporated or Qualified
12/15/1994
3a. Date of Last Report
08/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0570484
Applied For
Not Applicable

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEYER, STEPHEN
4600 SHERIDEN STREET
SUITE 301
HOLLYWOOD FL 33021

81 Name
SARKIS SAKO LIBERIAN
82 Street Address (P.O. Box Number is Not Acceptable)
731 N. FEDERAL HWY
83
84 City
FORT-LAUDERDALE FL 85 Zip Code
33304

11. Pursuant to the provisions of Sections 607.0507 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 Haroutoun Liberman

03/07/97

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | LIBERIAN, HAROUTOUN | |
| STREET ADDRESS | 2350 MANELLA RD. 100 | |
| CITY-ST-ZIP | VILLE MONT ROYAL Q. | |
| TITLE | F | <input type="checkbox"/> DELETE |
| NAME | KORSOS, GREGORY N | |
| STREET ADDRESS | 2350 MANELLA RD. 100 | |
| CITY-ST-ZIP | VILLE MONT ROYAL Q. | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | LIBERIAN, SARKIS | |
| STREET ADDRESS | 2350 MANELLA RD. 100 | |
| CITY-ST-ZIP | VILLE MONT ROYAL Q. | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: Haroutoun Liberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/07/97

Date

Daytime Phone #

0529052

CR2E034 (9/96)