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 # 1. Corporation Name P97000008794 (4)

SASSON DEVELOPMENT CORP.

2655 LEJEUNE ROAD, SUITE 508

CORAL GABLES FL 33134

SIGNATURE

Principal Place of Business Mailing Address 10501 N.W. 7TH AVE. 10501 N.W. 7TH AVE. MIAMI FL 33150 MIAMI FL 33150 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/29/1997 2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 81 Name

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ Yes 10. Name and Address of New Registered Agent FELDMAN, BENNETT G

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.

83 84 City

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME SASSON, ZAKAY 1.2 NAME STREET ADDRESS 10501 N.W. 7TH AVE. 1.3 STREET ADDRESS MIAMI FL 33150 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE □ DELETE 21 TITLE Change Addition FEFER. ENRIQUE NAME 2.2 NAME 10501 N.W. 7TH AVE. STREET ADDRESS 2.3 STREET ADDRESS City-ST-ZIP MIAMI FL 33150 2. 4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4,4 CITY-ST-ZIP ☐ DELETE Change Addition TITTE 5,1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify of 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 emperied 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:

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

30S-7518571

FILED

Jan 21 1998 8:00am

Secretary of State

Zip Code