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

**PROFIT** CORPORATION ANNUAL REPORT

· 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P97000008794

1. Corporation Name

SASSONI DEVELOPMENT CORP

SHOOUN	DEVELOPMENT CORP.						
Principal Place	of Business	Mailing Address				MIT BROWN BROWN TO BEEN	10111 0101 1001
10501 N.W. 7TH AVE. 10501 N.W. 7TH AVE.						· · ·	
MIAMI FL 33150 MIAMI FL 33150					DO NOT WRITE IN TH	IIR RDACE	
					3. Date Incorporated or Qualifed	113 SFACE	·
					01/29/1997		
2. Principal Pla	rea of Rusiness	2a. Mailing Address			4. FEI Number	Apr	plied For
¬ '	26				65-0729340	<u> </u>	t Applicable
21   Suite, Apt. #					_	\$8.75 A	<del></del> _
22	27				5. Certificate of Status Desired	Fee Rec	i
City & State					6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added to	
Zip	Country Zip Country				8. This corporation owes the current year		-
24	25	29 30			Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
ככוס	MAN DENNITT C		81	Name		. :	
FELDMAN, BENNETT G 2655 LEJEUNE ROAD, SUITE 508			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	·						
COR	AL GABLES FL 33134		83				i
			84	City	· · · · · · · · · · · · · · · · · · ·	85 Zip C	ode
SIGNATURE	i familiar with, and accept the obligat Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE: Regi	istered Agen		ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	SASSON, ZAKAY		1.2 NAME	i			
STREET ADDRESS	10501 N.W. 7TH AVE.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33150	- D poi ere	1.4 CITY-ST	r-zip		☐ Change	Addition
TITLE	_		2.1 TITLE	1	_	☐ Criange	
	TENERS ENTINGOE		2.2 NAME -				
STREET ADDRESS	10501 N.W. 7TH AVE.	i i	2.3 STREET				
CITY-ST-ZIP	MIAMI FL 33150		2.4 CITY-S	T-ZIP	<del></del>	Change	Addition
TITLE		<del></del>	3.1 TITLE 3.2 NAME		·		
NAME			3.3 STREET	ADODECC			ĺ
STREET ADDRESS			3.4. CITY-S				1
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	1 2,15		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS		·	
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	r-zip			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME			•	
STREET ADDRESS			6.3 STREET	ADDRESS	•		

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 accuracy with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND

**FILED** 

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90009 004 \*\*\*150.00