FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Tallahassee, Florida 32399-0250

APPROVED AND FILED

95 MAY -1 AM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S49261 (8)

1. Corporate Name
TAVOR, INC.

Principal Office Address
C/O THE SASSON HOTEL INC.
2001 COLLINS AVE.
MIAMI BEACH FL 33139

Mailing Address
C/O THE SASSON HOTEL INC.
2001 COLLINS AVE.
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified: 05/01/1991
3a. Date of Last Report: 04/28/1994

2. Principal Office Address
21
Suite Apt # or Bldg
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite Apt # or Bldg
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0259154 — 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. The corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
OZ, MICHAEL
2001 COLLINS AVENUE
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505, and 607.1608, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	OZ, MICHAEL
STREET ADDRESS	2001 COLLINS AVENUE
CITY, ST, ZIP	MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, is accurately transcribed and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 of this report or is attached with an addition.

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

Date: 4-27-95

Telephone Number: 5310761

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