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CORPORATION ANNUAL REPORT **1995**

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

FILED
APPROVED AND FILED
95 APR 17 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V67649 (6)

1. Corporation Name
SAAS U.S.A. CORPORATION

Principal Place of Business	Mailing Address
301 174TH STREET MAGNOLIA OFFICE CENTER MIAMI BEACH FL 33160 US	301 174TH STREET MAGNOLIA OFFICE CENTER MIAMI BEACH FL 33160 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 09/30/1992	3a. Date of Last Report: 06/29/1994
21 301-174 ST.	26 SAME	4. FEI Number: 65-0367682	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.: 22 M-07	Suite, Apt. #, etc.: 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23 No. MIAMI BEACH FL	City & State: 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 33160 Country: 25 USA	Zip: 29 Country: 30	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

~~SAAS USA~~
~~ATTN: MICHAEL GOLDFARB~~
301 174TH STREET
MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name: MIRIAM (MIMI) GOLDFARB
82 Street Address (P.O. Box Number is Not Acceptable): 301-174 ST. #M-07
83
84 City: NO. MIAMI BEACH FL 85 Zip Code: 33160

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.

SIGNATURE: Miriam Goldfarb (Mimi) DATE:
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/S GOLDFARB, MICHAEL 301-174TH ST MIAMI BEACH FL 33160	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVYS, ALLAN P 107 E MIDDLE PATENT ROAD GREENWICH CT 06831	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition TREASURER GOLDFARB, MIRIAM / MIMI 301-174 ST. MIAMI BEACH FL, 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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: [signature] Date: April 29, 1995 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0173329 CP