SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **V67649** **(6)**

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

Principal Place of Business	Mailing Address
301-174 ST SUITE M-07 NO MIAMI BEACH FL 33160 US	301-174 ST SUITE M-07 NO MIAMI BEACH FL 33160 US

3. Date Incorporated or Qualified: 09/30/1992
3a. Date of Last Report: 04/17/1995
4. FEI Number: 65-0367682 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2851 N.E. 183RD ST	26 2851 N.E 183RD ST
22 Suite, Apt. #, etc. #1702	27 Suite, Apt. #, etc. #1702
23 City & State AVENTURA, FLA	28 City & State AVENTURA, FLA
24 Zip 33160 25 Country DADE	29 Zip 33160 30 Country DADE

9. Name and Address of Current Registered Agent

~~GOLDFARB, MIRIAM~~
~~301-174 ST~~ 2851 N.E 183RD ST
~~SUITE M-07~~ APT 1702
~~NO MIAMI BEACH FL 33160~~ AVENTURA, FLA 33160

10. Name and Address of New Registered Agent

81 Name: MIRIAM GOLDFARB
82 Street Address (P.O. Box Number is Not Acceptable): 2851 N.E 183RD ST #1702
83
84 City: AVENTURA 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: MICHAEL GOLDFARB — DATE:
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required for filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS GOLDFARB, MICHAEL 301-174TH ST MIAMI BEACH FL	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition 2851 N.E 183RD ST apt 1702 AVENTURA, FLA 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOLDFARB, MIRIAM/MIMI 301-174 ST MIAMI BEACH FL	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition 2851 N.E 183RD ST apt 1702 AVENTURA, FLA 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: — JUNE 14, 1996 — (305) 932-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL GOLDFARB