

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

**FILED**

**Feb 04 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 321759 (3)**

1. Corporation Name  
**SAHCO INCORPORATED**



Principal Place of Business <b>2125 BISCAYNE BLVD. SUITE 570 MIAMI FL 33137 US</b>	Mailing Address <b>2125 BISCAYNE BLVD. SUITE 570 MIAMI FL 33137-5029 US</b>
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3. Date Incorporated or Qualified <b>10/04/1967</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1202154</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 2890 N. W. 35th Street</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 2890 N. W. 35th Street</b> Suite, Apt. #, etc.
22 City & State <b>MIAMI, FLORIDA</b>	27 City & State <b>MIAMI, FLORIDA</b>
23 Zip <b>33142</b>	Country <b>U. S. A.</b>
24 Zip <b>33142</b>	Country <b>u. s. a.</b>

9. Name and Address of Current Registered Agent <b>DEL DAGO, CARMEN 2125 BISCAYNE BLVD. 4TH FLOOR MIAMI FL 33137</b>		10. Name and Address of New Registered Agent	
81 Name <b>CARMEN DEL DAGO</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>2890 N. W. 35 Street</b>	83	84 City <b>Miami,</b>
		85 Zip Code <b>FL 33142</b>	

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 \_\_\_\_\_ DATE **1/29/97**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>VTD</b>	<input type="checkbox"/> DELETE
NAME <b>DEL DAGO, CARMEN</b>	
STREET ADDRESS <b>2125 BISCAYNE BLVD., 4TH FLOOR</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FERNANDEZ, CARMEN</b>	
STREET ADDRESS <b>2125 BISCAYNE BLVD., 4TH FLOOR</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>DEL DAGO, ROSA</b>	
STREET ADDRESS <b>2125 BISCAYNE BLVD., 4TH FLOOR</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>DEL DAGO, MANUEL</b>	
STREET ADDRESS <b>2125 BISCAYNE BLVD., #570</b>	
CITY-ST-ZIP <b>MIAMI FL 33137</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>V/T/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>DEL DAGO, CARMEN</b>	
1.3 STREET ADDRESS <b>2890 N. W. 35 Street</b>	
1.4 CITY-ST-ZIP <b>Miami, FL 33142</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>DEL DAGO, ROSA</b>	
3.3 STREET ADDRESS <b>2890 N. W. 35th Street</b>	
3.4 CITY-ST-ZIP <b>Miami, FL 33142</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>DEL DAGO, MANUEL</b>	
4.3 STREET ADDRESS <b>2890 N.W 35th Street</b>	
4.4 CITY-ST-ZIP <b>Miami, FL 33142</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 or person 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: *Carmen Del Dago* Vice President 1/29/97 (305) 634-2010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)