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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 606455

1. Corporation Name
SABA INTERNATIONAL CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
275 FONTAINEBLEAU BLVD.
STE 255
MIAMI FL 33172
US

Mailing Address
275 FONTAINEBLEAU BLVD.
STE 255
MIAMI FL 33172
US

3. Date Incorporated or Qualified
12/14/1978

4. FEI Number
59-1872651
Applied For
Not Applicable

2. Principal Place of Business
21
2a. Mailing Address
26

Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27

City & State
23
City & State
28

Zip
Country
24
25
29
30

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 owes the current year Intangible Personal Property Tax.
Yes No

9. Name and Address of Current Registered Agent

HOYTINK, ROBERT MR.
9177 FONTAINEBLEAU BLVD. #1
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name
HOYTINK, RENE Mr.
82 Street Address (P.O. Box Number is Not Acceptable)
9177 Fontainebleau Blvd.
83
Miami, FL 33172
84 City
FL 85 Zip Code
33172

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
Signature, typed or printed name of registered agent and title if applicable.
Rene Hoytink
Date: January 21, 1999
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for HOYTINK, ELDA.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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 address, with all other like empowered.

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

Date Daytime Phone #

CR2E034 (11/98)