FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:49

DOCUMENT # F70482 (7)

1. Corporation Name
SADAMA, INC.

Principal Place of Business	Mailing Address
C/O NELSON C KESHEN, ESQ ~~1500 SAN REMO, SUITE 220~~ ~~CORAL GABLES FL 33146~~	C/O NELSON C KESHEN, ESQ ~~1500 SAN REMO, SUITE 220~~ ~~CORAL GABLES~~ FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1982	3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-2163489	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 intangible tax under S. 199.062 Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21 9130 South Dadeland Blvd	26 9130 South Dadeland Blvd.
Suite, Apt. #, etc: 22 #1511	Suite, Apt. #, etc: 27 #1511
City & State: 23 Miami, Fl.	City & State: 28 Miami, Fl.
Zip: 24 33156 Country: 25	Zip: 29 33156 Country: 30

9. Name and Address of Current Registered Agent

KESHEN, NELSON C, ESQ
~~1500 SAN REMO AVENUE~~ 9130 South Dadeland Blvd
~~SUITE 220~~ Suite 1511
~~CORAL GABLES~~ FL 33146 Miami, Fl. 33156

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 607.0502 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] (Nelson C. Keshen) 1/12/95

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	KOHN, ALBERTO
STREET ADDRESS	~~1500 SAN REMO AVE #220~~
CITY ST ZIP	~~CORAL GABLES FL~~
TITLE	S
NAME	KESHEN, NELSON
STREET ADDRESS	~~1500 SAN REMO AVE #220~~
CITY ST ZIP	~~CORAL GABLES FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE		[X] Change [ ] Addition
1 NAME	9130 South Dadeland Blvd	
1 STREET ADDRESS	Suite 1511	
1 CITY ST ZIP	Miami, Fl. 33156	
2 TITLE	9130 South Dadeland Blvd	[X] Change [ ] Addition
2 NAME	Suite 1511	
2 STREET ADDRESS	Miami, Fl 33156	
2 CITY ST ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY ST ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY ST ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY ST ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY ST ZIP		

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], Secretary 1/12/95 305-670-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelson C. Keshen, Secretary

0100100 CP