

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

**FILED**

**Jan 30 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P92000001375 (4)**

1. Corporation Name  
**SABA CONSTRUCTION CO. INC.**

Principal Place of Business  
**13132 S.W. 57 TERRACE  
MIAMI FL 33183-1223**

Mailing Address  
**13132 S.W. 57 TERRACE  
MIAMI FL 33183-1223**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HATEM A. BAMIEH  
13132 SW 57 TER,  
MIAMI FL 33183**

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 607.0507 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature type for printed name (e.g., typed, stamped, etc.)

Signature type for printed name (e.g., typed, stamped, etc.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>P</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>BAMIEH, HATEM A</b>       |                                 |
| STREET ADDRESS | <b>13132 S.W. 57 TERRACE</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33183-1223</b>   |                                 |
| TITLE          | <b>VD</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>BAMIEH, MORELLA</b>       |                                 |
| STREET ADDRESS | <b>13132 S.W. 57 TERRACE</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33183-1223</b>   |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-ST-ZIP    |                              |                                 |

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15 TITLE          |   |
| 16 NAME           |   |
| 17 STREET ADDRESS |   |
| 18 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19 TITLE          |   |
| 20 NAME           |   |
| 21 STREET ADDRESS |   |
| 22 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23 TITLE          |   |
| 24 NAME           |   |
| 25 STREET ADDRESS |   |
| 26 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27 TITLE          |   |
| 28 NAME           |   |
| 29 STREET ADDRESS |   |
| 30 CITY-ST-ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as I made under oath; that I am an officer or director of the corporation; that 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 even an attachment with an address.

SIGNATURE:

*Hatem Bamieh*

1/20/97 (305) 383-8386

CR2E034 (9/96)