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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 14 1996 8:00 am
Secretary of State

DOCUMENT # P95000051113 (5)

1. Corporation Name

SABA OIL, INC.



Principal Place of Business

Mailing Address

5283 EHRlich ROAD
TAMPA FL 33624

5283 EHRlich ROAD
TAMPA FL 33624

3630 1st St. W.
Bradenton, FL 34208

3630 1st St. W.
Bradenton, FL 34208

2. Principal Place of Business

2a. Mailing Address

21 3630 1ST STREET WEST

26 5704 14TH STREET WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 BRADENTON, FL

28 BRADENTON, FL

24 Zip Country

29 Zip Country

34208-4444 USA

34207 USA

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LENEW, JACK A
5283 EHRlich ROAD
TAMPA FL 33624

LENEW, JACK A
5283 EHRlich Rd.
TAMPA FL 33624

81 Name
KOUROSH ATTARI

82 Street Address (P.O. Box Number is Not Acceptable)
5704 14TH STREET WEST

83

84 City
BRADENTON

85 Zip Code
FL 34207

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

KOUROSH ATTARI, Pres.

(Note: Signature of Agent must be typed when registering)

8-7-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
B P
ATTARI, KOUROSH
5283 EHRlich ROAD
TAMPA FL 33624

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
P KOUROSH ATTARI
5704 14TH STREET WEST
BRADENTON, FL 34207

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
Change Addition

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

SIGNATURE: KOUROSH ATTARI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-96 - 941-747-6654

DAYS

Daytime Phone #

CR2E034 (12/95)