

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

FILED  
Feb 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005515 (9)**

1. Corporation Name

**THE SABAI CORP., LTD.**



Principal Place of Business <del>2316 BAYNARD BLVD.</del> WILMINGTON DE 19802	Mailing Address <del>2316 BAYNARD BLVD.</del> WILMINGTON DE 19802
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**3511 Silver side Rd**  
**Suite 105, Wilmington, DE 19801**

2. Principal Place of Business 21 <b>SABAI Corp., LTD</b> Suite, Apt. #, etc. 22 <b>Suite 3511 - Silver side Rd</b> City & State 23 <b>Delaware 19801</b> Zip 24 <b>19801</b>	2a. Mailing Address 26 <b>P.O. Box 8880</b> Suite, Apt. #, etc. 27 <b>CRANSTON, R.I</b> City & State 28 <b>02920</b> Zip 29 <b>02920</b>
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified <b>10/23/1996</b>	
4. FEI Number <b>51-0375891</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GUY, WILLIAM E JR.</b> <b>55 E. OCEAN BLVD.</b> <b>STUART FL 34994</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b>	1.1 TITLE	<b>DPT -</b>
NAME	<b>CATANZARO, MARK L</b>	1.2 NAME	<b>CATANZARO, MARK.</b>
STREET ADDRESS	<b>2316 BAYNARD BLVD.</b>	1.3 STREET ADDRESS	<b>PO Box 8880 N/A</b>
CITY-ST-ZIP	<b>WILMINGTON DE 19802</b>	1.4 CITY-ST-ZIP	<b>CRANSTON, RI 02920</b>
TITLE	<b>D</b>	2.1 TITLE	<b>D</b>
NAME	<b>CATANZARO, MARK</b>	2.2 NAME	<b>MARK CATANZARO</b>
STREET ADDRESS	<b>1170 PONTIAC AVE.</b>	2.3 STREET ADDRESS	<b>PO Box 8880 - N/A</b>
CITY-ST-ZIP	<b>CRANSTON RI 02920</b>	2.4 CITY-ST-ZIP	<b>CRANSTON, RI 02920</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)