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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J56896

(0)

SAHARA PAVERS, INC.

	10

FILED Apr 25 1997 8:00am Secretary of State



Principal Plane of Programs Malling Address					-{					
Principal Place of Business Mailing Address										
C/O CHARLES BAKER 8321 NW 45TH STREET		C/O CHARLES BAKER B321 NW 45TH ST.								
LAUDERHILL		LAUDERHILL FL 33351-55	12							
U\$		US				3. Date Incorporated or Qualified 02/10/1987	3a. Date of L 07/02/19			
	Principal Place of Business 2a. Mailing Address				4. FEI Number	'	Applied For			
21		26			59-2785229	Not Applicable				
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
I Citv & Sta	te	City & State	City & State			6. Election Campaign Financing	\$5.00 May Be			
23		28				Trust Fund Contribution	☐ Ac	ided to Fees		
Z(P	Country	Zip	⊢ -	ıntry		8. This corporation has liability for in				
24	25	29	30	T		1	Yes No			
	9. Name and Address of Current	Hegistered Agent		81	Name	10. Name and Address of New Reg	istered Agent			
	KER, CHARLES H			61	Ivairie					
	21 NW 45TH ST.			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)			
LAI	JDERHILL FL 33351			<u></u> _						
				83				\ \		
				84	City		FL 85	Zip Code		
office or	registered agent, or both, in the State c	f Florida Such change was	authorized	d by th	named corp he corporati	oration submits this statement for the pulion's board of directors. I hereby accept	rpose of chang the appointme	ing its registered		
agent. I a SIGNATURE	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
	Signature, typed or printed name of registered agent			d Agent	signature require	ed when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE		(
TITLE	•	☐ DELETE	1116				∟ Cha	ange 🔲 Addition 🗟		
NAME	BAKER, CHARLES H		1.2 NAMI					3		
STREET ADDRESS	8321 NW 45TH ST.		1.3 S1	1.3 STREET ADDRESS				រុំ		
CITY-ST-ZIP	LAUDERHILL FL	Diction		1.4 CITY - \$1 - ZIP			F1 01			
TITLE	WALLING OUDIOTODIED	☐ DELĒTE	- 1	2.1 TITLE			☐ Cha	ange L Addition C		
NAME			2.2 N/	2.2 NAME						
STREET ADDRESS	949 PENNSYLVANIA AVENUE			TREET AD	ADDRESS		ţ			
CITY-ST-ZIP	FT. LAUDERDALE FL)11Y-\$1-	ZIP					
TITLE	ST SPECIAL MANOY	DELETE		3.1 TITLE			Cna	ange		
NAME	FREDENBERG, NANCY		3.2 N/		ļ			1		
STREET ADDRESS	8321 NW 45TH ST.			THEET AC	}			1		
CITY-ST-ZIP	LAUDERHILL FL	DELET		3 4. CITY-ST-ZIP						
TITLE	AOULEN WADD	☐ DELETE		4.1 TITLE			∐ Cha	ange L_ Addition		
NAME	ASHLEY WARD			4. 2 NAME						
STREET ADDRESS	2172-A WHITE PINE CIRCLE		- I	4.3 \$1REE1 ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL	Floricas		4.4 C(1 Y - S1 - Z(P						
TITLE		☐ DELE1€		5.1 TITLE			Chi	ange L Addition		
NAME			5.2 N							
STREET ADDRESS			5.3 S	REET AD	DDRESS (
CITY-ST-ZIP	<u> </u>			ITY-ST-	ZIP		·····			
TITLE		DELETE	6.1 11	ITLE	-		☐ Cha	ange Addition		
NAME			6.2 N/	AME				1		
STREET ADDRESS			6.3 \$1	TREET AC	DDRESS			Ì		
CITY-ST-ZIP			6.4 Ci	ITY-ST-	7IP					

I do 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 proved an 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 employee of 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 an attachment with an orderess.

4-70-97 954-747-042