

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # M 606 07
1. Corporation Name

SAHARA FISHERIES INC.

Principal Place of Business: 40 gutter, Joseph & Ruffin PA
100 West Cypress Creek Rd. #900
St. Lauderdale Fl, 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21		26		10-9-1987		58-1756229		Not Applicable	
Suite, Apt. # etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22 City & State		27 City & State		28		29		30	
23 Zip		Country		24		25		26	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Gutter Joseph Ruffin & Sheehy PA 100 West Cypress Creek Rd #900 St. Lauderdale Fl. 33309				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 FL Zip Code			

11. Pursuant to the provisions of Sections 607 (a)(2) and 607.3508, 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 _____ DATE _____
Signature type the procedure of office. No signature required when installing.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE DP				11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Smith Teresa K				12 NAME			
STREET ADDRESS 1415 NW 122 St.				13 STREET ADDRESS			
CITY-ST-ZIP Miami Fl. 33167				14 CITY-ST-ZIP			
TITLE ST				21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME Marks Chris				22 NAME			
STREET ADDRESS 1415 NW 122 St.				23 STREET ADDRESS			
CITY-ST-ZIP Miami Fl. 33167				24 CITY-ST-ZIP			
TITLE				31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE				41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE				51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE				61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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 included on this annual report or supplement to 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; that I am duly 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 2.

SIGNATURE: Teresa K Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4-20-98
 Daytime Phone #: 305-681-6700

CR2E034 (10/97)