

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -9 PM 3: 23

1. Corporation Name: SAHARA FUND, INC. DOCUMENT # N44019 (0)

Mailing Address: % GUTTER & JOSEPH, P.A. ONE E. BROWARD BLVD., SUITE 1001 FT. LAUDERDALE FL 33301
Principal Place of Business: % GUTTER & JOSEPH, P.A. ONE E. BROWARD BLVD., SUITE 1001 FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1991		3a. Date of Last Report: 4/1995	
4. FEI Number: 65-0271304		Applied for: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Due: \$8.75 Additional Fee Required <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	
7. Nonprofit Exempt from \$138.75 Supplemental Fee: <input checked="" type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

21. Mailing Address: 100 W. Cypress Creek Road, Suite 900, Ft. Lauderdale, FL 33309, Broward				28. Principal Place of Business: 100 W. Cypress Creek Road, Suite 900, Ft. Lauderdale, FL 33309, Broward			
23. City & State: Ft. Lauderdale, FL				27. City & State: Ft. Lauderdale, FL			
24. Zip: 33309, Country: Broward				29. Zip: 33309, Country: Broward			

9. Name and Address of Current Registered Agent: JOSEPH, RICHARD A., ESQ. % GUTTER & JOSEPH, P.A. ONE E. BROWARD BLVD. SUITE 1001 FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent: 01 Name, 02 Street Address (P.O. Box Number is Not Acceptable), 03, 04 City, FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____

12. CHANGES TO OFFICERS AND DIRECTORS IN 12		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: D	12 NAME: SMITH DE CHERIF, TERESA	11 TITLE:	12 NAME:
13 STREET ADDRESS: 1438 TINDALL ST, N.W.	13 STREET ADDRESS: WASHINGTON DC	13 STREET ADDRESS:	13 STREET ADDRESS:
14 CITY-STATE-ZIP: WASHINGTON DC	14 CITY-STATE-ZIP: WASHINGTON DC	14 CITY-STATE-ZIP:	14 CITY-STATE-ZIP:
21 TITLE: D	22 NAME: CHERIF, AHMED A.	21 TITLE:	22 NAME:
23 STREET ADDRESS: 4438 TINDALL ST, N.W.	23 STREET ADDRESS: WASHINGTON DC	23 STREET ADDRESS:	23 STREET ADDRESS:
24 CITY-STATE-ZIP: WASHINGTON DC	24 CITY-STATE-ZIP: WASHINGTON DC	24 CITY-STATE-ZIP:	24 CITY-STATE-ZIP:
31 TITLE: D	32 NAME: KNIGHT, JAMES S.	31 TITLE:	32 NAME:
33 STREET ADDRESS: TWO CHARLTON ST 39G	33 STREET ADDRESS: NEW YORK NY	33 STREET ADDRESS:	33 STREET ADDRESS:
34 CITY-STATE-ZIP: NEW YORK NY	34 CITY-STATE-ZIP: NEW YORK NY	34 CITY-STATE-ZIP:	34 CITY-STATE-ZIP:
41 TITLE: D	42 NAME: SMITH, MAUREEN L.	41 TITLE:	42 NAME:
43 STREET ADDRESS: 520 MIDDLE RIVER DR	43 STREET ADDRESS: FT. LAUDERDALE FL	43 STREET ADDRESS:	43 STREET ADDRESS:
44 CITY-STATE-ZIP: FT. LAUDERDALE FL	44 CITY-STATE-ZIP: FT. LAUDERDALE FL	44 CITY-STATE-ZIP:	44 CITY-STATE-ZIP:
51 TITLE:	52 NAME:	51 TITLE:	52 NAME:
53 STREET ADDRESS:	53 STREET ADDRESS:	53 STREET ADDRESS:	53 STREET ADDRESS:
54 CITY-STATE-ZIP:	54 CITY-STATE-ZIP:	54 CITY-STATE-ZIP:	54 CITY-STATE-ZIP:
61 TITLE:	62 NAME:	61 TITLE:	62 NAME:
63 STREET ADDRESS:	63 STREET ADDRESS:	63 STREET ADDRESS:	63 STREET ADDRESS:
64 CITY-STATE-ZIP:	64 CITY-STATE-ZIP:	64 CITY-STATE-ZIP:	64 CITY-STATE-ZIP:

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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 110.07(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: *Maureen L. Smith* 8.27.96 (305) 681-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MAUREEN L. SMITH, Director