FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 28 1998 8:00am
Secretary of State

DOCUMENT #   N44019   (0)

1. Corporation Name

SAHARA FUND, INC.

Principal Place of Business	Mailing Address
100 W. CYPRESS CREEK RD., STE. 900 FT. LAUDERDALE FL 33309	100 W. CYPRESS CREEK RD., STE. 900 FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified
06/24/1991

4. FEI Number **65-0271304**   — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JOSEPHER, RICHARD A ESQ.
% GUTTER & JOSEPHER, P.A.
ONE E. BROWARD BLVD. SUITE 1001
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name *Richard A. Josepher, Esq.*
82 Street Address (P.O. Box Number is Not Acceptable) *Gutler Josepher : Ruffin*
83 *100 W. Cypress Creek Rd., Suite 900*
84 City *Ft. Lauderd*   FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE	NAME **SMITH DE CHERIF, TERESA** STREET ADDRESS **4438 TINDALL ST, N.W.** CITY-ST-ZIP **WASHINGTON DC**	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE	NAME **CHERIF, AHMED A** STREET ADDRESS **4438 TINDALL ST, N.W.** CITY-ST-ZIP **WASHINGTON DC**	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE	NAME **KNIGHT, JAMES** STREET ADDRESS **TWO CHARLTON ST 39G** CITY-ST-ZIP **NEW YORK NY**	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE	NAME **SMITH, MAUREEN L** STREET ADDRESS **520 MIDDLE RIVER DR** CITY-ST-ZIP **FT. LAUDERDALE FL**	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE	NAME / STREET ADDRESS / CITY-ST-ZIP	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
TITLE ☐ DELETE	NAME / STREET ADDRESS / CITY-ST-ZIP	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: *Teresa DoCherif Smith*   *3-18-98*   *4-18-98*

CP2E037 (10/97)