FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000029258 (9)

1. Corporation Name
SAPER, INC.

Principal Place of Business
6931 SUNRISE PL.
CORAL GABLES FL 33133

Mailing Address
6931 SUNRISE PL.
CORAL GABLES FL 33133

3. Date Incorporated or Qualified: 04/09/1993
3a. Date of Last Report: 03/10/1995
4. FEI Number: 65-0454531 [ ] 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21 P.O. BOX 55-7244
Suite, Apt #, etc.
22
City & State
23 MIAMI, FL.
Zip
24 33255
Country
25

2a. Mailing Address
26 P.O. BOX 55-7244
Suite, Apt #, etc.
27
City & State
28 MIAMI, FL.
Zip
29 33255
Country
30

9. Name and Address of Current Registered Agent
YELEN, MARTIN
6931 SUNRISE PL.
CORAL GABLES FL 33133

10. Name and Address of New Registered Agent
81 Name: ATRIUM REGISTERED AGENTS, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1500 SAN REMO AVENUE
83 SUITE 125
84 City: CORAL GABLES FL 85 Zip Code: 33146

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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. Said changes were 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: Robert A. Steiner, VICE PRES. OF ATRIUM REGISTERED AGENTS, INC. 4/8/96

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	PARE', BETTY J	
STREET ADDRESS	6931 SUNRISE PL	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	[XX] DELETE
NAME	PARE', ADOLPHE P	
STREET ADDRESS	6931 SUNRISE PL	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change	[ ] Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change	[ ] Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/D PARE', A. A. 6931 SUNRISE PLACE CORAL GABLES, FL. 33133	[ ] Change	[XX] Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change	[ ] Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change	[ ] Addition
6 TITLE / NAME / STREET ADDRESS / 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)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, with all other like empowered.

SIGNATURE: Betty J. Pare' 4/8/96 305-592-3780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETTY JO PARE'

CR2E034 (12/95)