

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000037380 (9)

1. Corporation Name

SAHARA INTERNATIONAL TRAVEL, INC.



Principal Place of Business

Mailing Address

11949 S.W. 14 STREET
PEMBROKE PINES FL 33025

11949 S.W. 14 STREET
PEMBROKE PINES FL 33025

3. Date Incorporated or Qualified

05/11/1995

3a. Date of Last Report

2. Principal Place of Business

21 3132 N. Federal Hwy

2a. Mailing Address

26 3132 N. Federal Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Light House point FL

27 City & State

28 Light House point FL

Zip

24 33064

Country

25 USA

Zip

29 33064

Country

30 USA

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 ☒ No

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Maamoun A. Ahmad.

82 Street Address (P.O. Box Number is Not Acceptable)

8761 Wiles Rd # 202

83

84 City Coral Spring

FL

85 Zip Code 33067

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Maamoun Ahmad

(NOTE: Registered Agent signature required when reinstating)

8/9/96

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME AHMAD, MAAMOUN AMIN
STREET ADDRESS % 11949 SW 14TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PSTD
12 NAME AHMAD, MAAMOUN AMIN
13 STREET ADDRESS 3132 N. Federal Hwy.
14 CITY-ST-ZIP Light House point FL 33064

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MAAMOUN AHMAD

6/14/96 (954) 9465002

CR2E034 (3/96)