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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000042219 (2)

## SAHARA INTERNATIONAL TRADING, INC.

Principal Place of Business Mailing Address 2520 SW 22 ST. 2520 SW 22 ST. SUITE #2207 MIAMI FL 33145 SUITE #2207 MIAMI FL 33145-3438 3. Date Incorporated or Qualified 3a. Date of Last Report 07/09/1996 05/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0584322 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio Country ZID This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name Cuellar, arlene 2800 SW 7 AVE. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33129** 83 84 City Zip Code 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 (NOTE: Registered Agent signature required when reinstaling) Signature hypodior printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. (96/6) (6) 13. PSTD DELETE Change Addition TO:F 1.1 TITLE CUELLAR, ARLENE CR2E034 12 NAME NAME 2800 S.W. 7 AVE. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33129** 1.4 CITY-ST-ZIP CITY- ST-ZIP ☐ Addition DELETE 2.1 TITLE Change | TITLE GRIMALDI, SYLVIA M 2.2 NAME NAME 1280 SW 141 AVE. STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33184** 2.4 CITY-ST-ZIP CHTY - ST- ZIP DELETE Change Addition  $1|^\tau |_{L^2}$ 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City - St - 7/P ☐ Addition DELETE Change Tille 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY - 51 - 7IP DELETE Change ■ Addition 5.1 TITLE THILE NAMI 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE

14. I do 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 convoration 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 planged, or on an attachment with an address.

resident

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.2 NAME

**SIGNATURE:** 

NAME STREET ADDRESS

CITY-\$1-ZIP

4/24/97 (305)374-744

**FILED** 

May 15 1997 8:00am

Secretary of State