

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

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000017143 (4)**

1. Corporation Name  
**SAH GROUP, INC.**

Principal Place of Business

**1111 LINCOLN RD.  
SUITE 500  
MIAMI BEACH FL 33139**

Mailing Address

**1111 LINCOLN RD.  
SUITE 500  
MIAMI BEACH FL 33139-2491**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	<b>5660 COLLINS AVE</b>	26	<b>8281 S.W. 146TH ST.</b>	<b>02/22/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 <b>APT. 10 D</b>				<b>65-0649117</b>	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
23 <b>MIAMI BEACH, FLA.</b>		28 <b>MIAMI, FLA.</b>		<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24 <b>33140</b>		29 <b>33158</b>		<input type="checkbox"/>	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DANIELS, NICHOLAS M  
1111 LINCOLN RD.  
SUITE 500  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name **STEIN, ALAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8281 S.W. 146TH ST.**  
83  
84 City **MIAMI** FL 85 Zip Code **33158**

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

*Alan Stein*

*Alan Stein*

*April 12, 1997*

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	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN, HANA</b>	1.2 NAME	
STREET ADDRESS	<b>5660 COLLINS AVE., APT. # 10D</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN, ALAN</b>	2.2 NAME	
STREET ADDRESS	<b>8281 S.W. 146TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEIN, STEVEN</b>	3.2 NAME	
STREET ADDRESS	<b>127 RED HILL CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TIBURON CA 94920</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

*Alan Stein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alan Stein* April 12, 1997 (305) 233-4649  
Date Daytime Phone #

0190549

CR2E034 (9/96)