

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

FILED

**Jun 19 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000019331 (3)
 1. Corporation Name
SAHARA EXPORT MANAGEMENT CO., INC.



Principal Place of Business 255 MITNIK DRIVE DELTONA FL 32738	Mailing Address 255 MITNIK DRIVE DELTONA FL 32738-9341
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3. Date Incorporated or Qualified 03/01/1996	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

4. FEI Number 59-021 8633	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MONTGOMERY, PETER
255 MITNIK DRIVE
DELTONA FL 32738

10. Name and Address of New Registered Agent

81 Name <i>Howard W Savage</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>2754 Magnolia Rd</i>
83
84 City <i>Deltona</i>
FL 85 Zip Code <i>32720</i>

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 *Howard W Savage* (Signature) DATE *4/29/96*

12. OFFICERS AND DIRECTORS

TITLE <i>Executive Vice President</i>	NAME <i>Peter Montgomery</i>	DELETED
STREET ADDRESS <i>255 Mitnik Dr</i>	CITY-ST-ZIP <i>Deltona, FL 32738</i>	
TITLE <i>Executive Vice President</i>	NAME <i>Howard W Savage</i>	DELETED
STREET ADDRESS <i>2754 Magnolia Rd</i>	CITY-ST-ZIP <i>Deltona, FL 32720</i>	
TITLE <i>President</i>	NAME <i>Rhahat Muneen</i>	DELETED
STREET ADDRESS <i>4 Village Lane</i>	CITY-ST-ZIP <i>Palm Beach, FL 32137</i>	
TITLE	NAME	DELETED
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETED
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETED
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Howard W Savage*

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