

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

FILED

**Feb 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V46161 (8)

1. Corporation Name
SAI MOTORS INC.



Principal Place of Business
**1913 S. STATE RD. 7
FT. LAUDERDALE FL 33023**

Mailing Address
**1913 S. STATE RD. 7
FT. LAUDERDALE FL 33023-8712**

3. Date Incorporated or Qualified
06/22/1992

3a. Date of Last Report
03/19/1996

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number 65-0344202	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No											

9. Name and Address of Current Registered Agent FOTOS, VILMA 4153 SW 47TH AVE., #111 FT. LAUDERDALE FL 33314				10. Name and Address of New Registered Agent							
				81. Name							
				82. Street Address (P.O. Box Number is Not Acceptable)							
				83.							
				84. City	FL	85. 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME	FOTOS, VILMA		1.2 NAME								
STREET ADDRESS	4153 SW 47TH AVE., #111		1.3 STREET ADDRESS								
CITY - ST - ZIP	FT. LAUDERDALE FL		1.4 CITY - ST - ZIP								
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			2.2 NAME								
STREET ADDRESS			2.3 STREET ADDRESS								
CITY - ST - ZIP			2.4 CITY - ST - ZIP								
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS								
CITY - ST - ZIP			3.4 CITY - ST - ZIP								
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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: *X Vilma Fotos Vilma Fotos 2/24/97 954 346-7289*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)