

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44019

**Entity Name:** SAHARA FUND, INC.

**Current Principal Place of Business:**

2101 CORPORATE BLVD  
STE 107  
BOCA RATON, FL 33431

**Current Mailing Address:**

2101 CORPORATE BLVD  
STE 107  
BOCA RATON, FL 33431

**FEI Number:** 65-0271304

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOSEPHER, RICHARD AESQ.  
GUTTER CHAVES JOSEPHER RUBIN  
2101 CORPORATE BLVD STE 107  
BOCA RATON, FL 33431 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SMITH DE CHERIF, TERESA  
Address 346 SOUTH EL CERRO LOOP  
City-State-Zip: LOS LUNAS NM 87031

Title VD  
Name CHERIF, AHMED A  
Address 520 MIDDLE RIVER DR  
City-State-Zip: FT LAUDERDALE FL 33304

Title SD  
Name KNIGHT, JAMES  
Address 385 GORECREEK DR #AZ  
City-State-Zip: VAIL CO 81657

Title TD  
Name SMITH, MAUREEN L  
Address 520 MIDDLE RIVER DR  
City-State-Zip: FT. LAUDERDALE FL

Title AT  
Name SMITH, MAUREEN A  
Address 520 MIDDLE RIVER DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33304

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TERESA K.E. SMITH DE CHERIF, M.D., M.I.A.

PD

09/09/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date