

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L49475** (1)

1. Corporation Name  
**FUJA INVESTMENTS, INC.**



Principal Place of Business Mailing Address  
**% ALAN LINDSAY**  
**321 ROYAL POINCIANA PLAZA**  
**PALM BEACH FL 33480**

2. Principal Place of Business 2a. Mailing Address  
21] Suite, Apt. #, etc. 26] Suite, Apt. #, etc.  
22] City & State 27] City & State  
23] Zip Country 28] Zip Country  
24] 25] 29] 30]

3. Date Incorporated or Qualified **02/12/1990** 3a. Date of Last Report **02/07/1995**  
4. FEI Number **65-0190768** Applied For Not Applicable  
5. Certificate of Status Derived  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**LINDSAY, ALAN**  
**321 ROYAL POINCIANA PLAZA**  
**PALM BEACH FL 33480**

10. Name and Address of New Registered Agent  
81] Name **William W. Atterbury III**  
82] Street Address (P.O. Box Number is Not Acceptable) **321 Royal Poinciana Plaza**  
83] **Palm Beach** FL **33480**  
84] City **Palm Beach** FL 85] Zip Code **33480**

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 attest the appointment of a registered agent. I am familiar with, and accept the appointment of, Section 607.0506, Florida Statutes.

SIGNATURE *[Signature]*  
Signature of the individual who is authorized to sign this report

SIGNATURE *[Signature]*  
Signature of the Agent for the corporation who is authorized to sign this report

*4/4/96*

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	<del>XX SHARON SALEM WAK</del>	
STREET ADDRESS	<del>XX BOX 888 NA</del>	
CITY-ST-ZIP	<del>FUJAIRAH UNITED ARAB</del>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LINDSAY, ALAN	
STREET ADDRESS	321 ROYAL POINCIANA PLAZ	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ATTERBURY, W. W., III	
STREET ADDRESS	321 ROYAL POINCIANA PLAZ	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Mohammed A. Sultan Al-Salami	
13 STREET ADDRESS	P.O. Box 977	
14 CITY-ST-ZIP	Fujairah, United Arab Emirates	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(b), 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 from an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/4/96* (407) 659-1770

CR2E034 (12/95)