

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 27 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M48326 (6)**  
1. Corporation Name  
**AJAR IX, INC.**

Principal Place of Business	Mailing Address
<b>3301 CORAL WAY MIAMI FL 33145</b>	<b>3301 CORAL WAY BOX 45 MIAMI FL 33145</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/13/1987</b>	3a. Date of Last Report <b>10/05/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**RICHARD J. LEE, P.A.  
2655 LE JEUNE RD  
5TH FLOOR  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>FARENHEM, DERRI M.</b>
STREET ADDRESS	<b>3605 KATY FREEWAY #200</b>
CITY - ST - ZIP	<b>HOUSTON TX 77007</b>
TITLE	<b>PP</b>
NAME	<b>PORTEOUS, SIMON</b>
STREET ADDRESS	<b>3301 CORAL WAY, BOX 45</b>
CITY - ST - ZIP	<b>MIAMI FL 33145</b>
TITLE	<b>V</b>
NAME	<b>KAY, ANTHONY</b>
STREET ADDRESS	<b>3301 CORAL WAY, BOX 45</b>
CITY - ST - ZIP	<b>MIAMI FL 33145</b>
TITLE	<b>VD</b>
NAME	<b>AMOILS, DENNIS</b>
STREET ADDRESS	<b>3301 CORAL WAY, BOX 45</b>
CITY - ST - ZIP	<b>MIAMI FL 33145</b>
TITLE	<b>ST</b>
NAME	<b>FARENHEM, ALLEN R</b>
STREET ADDRESS	<b>3301 CORAL WAY, BOX 45</b>
CITY - ST - ZIP	<b>MIAMI FL 33145</b>
TITLE	
NAME	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 189.07(3)(k), 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: \_\_\_\_\_ DATE: **4/19/95** (805) 441-0952