

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Montalvo
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

MAY -1 AM 9:12

DOCUMENT # M27351

(9)

1. Corporation Name

FANG INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Previous Place of Mailing

**11457 N. W. 87TH PLACE
HIALEAH GARDENS FL 33016**

Mailing Address

**11457 N. W. 87TH PLACE
HIALEAH GARDENS FL 33016**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualification
02/13/1986

3a. Date of Last Report
04/29/1994

2. Principal Place of Business

21

2b. Mailing Address

26

4. FEI Number

59-2637066

Applied For

Not Applicable

State Agent

22

State Agent

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Does corporation have liability for unpaid taxes under the
Florida Statutes ☒ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NUNEZ, ARSENIO
4090 W 18TH AVE
STE #304
HIALEAH FL 33012**

81

Name **Arsenio Nunez**

82

Street Address, P.O. Box Number, and Zip Code
11457 NW 87th Place

83

84

City **Hialeah Gardens**

FL

85

Zip Code
33016

11. For agent to fill in space of signature of the agent and the Florida Statutes. This agent, as a registered corporation agent, has signed this statement for the purpose of changing the registered office of the corporation to the new address of the corporation. I hereby accept the appointment as registered agent of the corporation.

SIGNATURE

Arsenio Nunez

Arsenio Nunez

4/11/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL INFORMATION TO OFFICERS AND DIRECTORS

NAME	D NUNEZ, CARLOS M. 11457 N.W. 87 PL. HIALEAH GARDENS FL
STREET ADDRESS	D NUNEZ, ARSENIO 11457 N.W. 87 PL. HIALEAH GARDENS FL
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	

NAME		☐ Change ☐ Addition
STREET ADDRESS		☐ Change ☐ Addition
CITY		☐ Change ☐ Addition
STATE		☐ Change ☐ Addition
ZIP		☐ Change ☐ Addition
NAME		☐ Change ☐ Addition
STREET ADDRESS		☐ Change ☐ Addition
CITY		☐ Change ☐ Addition
STATE		☐ Change ☐ Addition
ZIP		☐ Change ☐ Addition
NAME		☐ Change ☐ Addition
STREET ADDRESS		☐ Change ☐ Addition
CITY		☐ Change ☐ Addition
STATE		☐ Change ☐ Addition
ZIP		☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied to the Department is voluntarily furnished and is true and complete for the corporation stated in the report. I further certify that the information is not false or fraudulent and that my signature shall have the same legal effect as if made under oath. That any provision of the corporation or the rules of the Department or any other law or regulation that requires the report be signed by a registered agent or a director or officer of the corporation, or that any provision of the Florida Statutes, and that my name appears on the report, on the back of the report, or on any attachment with an affidavit.

SIGNATURE:

Arsenio Nunez

4/12/95

(305) 873-4863