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FILE I	NOW:	FILING FEE A	FTER MAY 1 I	S \$225.UU	1	
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ANNUAL REPORT			·*/	ary of State		
1996 DIVISION OF CORPORATIONS					_	
· Ourporditori i	W. T.C.	# p93000016				
FANJO INVESTMENT INC.					 	
Principal Place of Business, Mailing Address						
6734 Collins Avenue 6734 Collins Avenue Miami Beach, FL 33141 Miami Beach, FL 33141						
Miam	i Bea	ich, FL 3314	T Miami Bea	acn, FL 33141	3. Date Incorporated or Qualified	3a. Date of Last Report
					02/26/1993	4/1995
2. Principal Place	e of Busine	SS	2a. Mailing Address		4. FEI Number	Applied For
21			26		65-0395687	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State			City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Zip Country		28	Country	8. This corporation has liability for	intangible tax under s 199.032,
24	25		29 30		Florida Statutes Yes 10. Name and Address of New F	[]No
	9. Name	and Address of Current	Registered Agent	81 Name	10, Name and Address of New 1	in grant or a state of the stat
					ess (P.O. Box Number is Not Acceptate	ole)
	NJO I			82 Street Addr	ess (F.O. Box Norriber is Not / Cooper	
6734 Collins Avenue Miami Beach, FL 33141				83		
Firan	ir bec	ion, in our	• •	B4 City		85 Zip Code
			LOOZ 4500 Florido State	utos the above-named coroo	ration submits this statement for the pured of directors. I hereby accept the app	rpose of changing its registered office
11. Pursuant to or registere familiar with	the provisi d agent, or n, and acce	ions of Sections 607.0502 both, in the State of Floric ot the obligations of, Secti	and 607.1508, Florida Stati la Such change was autho on 607.0505, Florida Statut	trized by the corporation's boars.	ration submits this statement for the purific of directors. I hereby accept the app	xointment as registered agent. I am
SIGNATURE				NOTE: Registered Agent Signature require	ed when reinstatiod	DATE
Signature, typed or printed name of registered agent			and title if applicable.	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
12.		OI TIOCTIO 7 WA	DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	PSTD	HON VIRGINIA	^	1.2 NAME		
STREET ADDRESS		Collins Ave		1.3 STREET ADDRESS		
CITY-ST-ZIP		i Beach, FL		1.4 CITY - \$1 - 7IP 2.1 TIJLE		Change Addition
TITLE NAME	nram:	r beach, Fb	JJ141 LJ	2 2 NAME		
STREET ADDRESS	ļ			2 3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		200	24 CITY - ST - ZIP		Change Addition
TITLE	v		☐ DEFELE	3.1 TITLE · · · · · · · · · · · · · · · · · · ·		<u></u>
NAME	NARANJO GABRIEL					
STREET ADDRESS CITY-ST-ZIP	6734 Collins Avenue					☐ Change ☐ Addition
TITLE	Miami Beach, FL 33141 DELETE 4.110LE					☐ Change ☐ Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
CITY-ST-ZIP	 			5 1 THLE (<u> </u>	1 Change Addition
NAME				5.2 NAME	6000018 -05/07/960	1027004
STREET ADDRESS				5.3 STREET ADDRESS	***208.75	
CITY - ST - ZIP	1		F13 pc, 512	54 CiTY-S1-ZIP		Change Addition
TITLE			☐ DELETE	6 1 TITLE 62 NAME		

CITY-ST-2IP

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 119.07(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 certify 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 12 if changed, or on an attachment with an address. ellhice sprices or director SIGNATURE: