


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000079505 (0)**

1. Corporation Name
LANJO, INC.

Principal Place of Business

**8150 NW 191 ST.
MIAMI FL 33015**

Mailing Address

**8150 NW 191 ST.
MIAMI FL 33015**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1072 S.W 156 Terr		26 1072 SW 156 Ter		10/17/1995		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 Pembroke Pine FL		28 Pembroke Pine FL		65-0627825		Not Applicable	
24 33027		29 33027		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Broward		30 U.S.A.		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANNY FIGUEROA, CPA 306 ALCAZAR AVE SUITE 220 CORAL GABLES FL 33134				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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOURAD, BASSAM	1.2 NAME	
STREET ADDRESS	8150 NW 191 ST.	1.3 STREET ADDRESS	1072 SW 156 Ter
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP	Pembroke Pine FL 33027
TITLE	DVS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARES CHAMOUN	2.2 NAME	
STREET ADDRESS	8032 NW 187 TERR	2.3 STREET ADDRESS	761 Laurel Lane East
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Pembroke Pine FL 33027
TITLE	DTV	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FADI CHAMOUN	3.2 NAME	
STREET ADDRESS	8032 NW 187 TERRACE	3.3 STREET ADDRESS	761 Laurel Lane East
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Pembroke Pine FL 33027
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **8/19/97** (305) 835-9000

CP2E034 (4/97)