

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 07 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 # S57397 (9)
1. Corporation Name
ANJ FUTURE INVESTMENTS, INC.



Principal Place of Business
1680 COLLINS AVE
MIAMI BEACH FL 33139

Mailing Address
1680 COLLINS AVE
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 650 NG 88 TER. Suite, Apt. #, etc. 22 City & State 23 MIAMI FL Zip 24 33138	2a. Mailing Address 26 279 NE 79 ST Suite, Apt. #, etc. 27 City & State 28 MIAMI Zip 29 33138	3. Date Incorporated or Qualified 06/05/1991	3a. Date of Last Report 05/01/1996	4. FEI Number 65-0274300	Applied For Not Applicable
		5. Certificate of Status Desired X	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 X Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent GILANI NAZIR 1680 COLLINS AVE MIAMI BEACH FL 33139	10. Name and Address of New Registered Agent 81 Name MOHAMED IBRAHIM 82 Street Address (P.O. Box Number is Not Acceptable) 279 NE 79 ST 83 MIAMI FL 33138 84 City FL 85 Zip Code
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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 of record in the State of Florida. Such change is 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 _____ DATE 7/18/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GILANI, NAZIR 1680 COLLINS AVE MIAMI BEACH FL X DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRST. MOHAMED IBRAHIM 279 NE 79 ST MIAMI FL 33138 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KAHRIZI, ATA 279 NE 79 ST MIAMI BEACH FL X DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 and 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 change is made on an attachment with an address.

SIGNATURE _____ DATE 7/18/97

CR2E034 (4/97)