

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 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 # P96000077783 (4)
 1. Corporation Name
A.B.A.F. INVESTMENTS, INC.



Principal Place of Business 101 N.W. 43RD STREET FT. LAUDERDALE FL 33309-4778	Mailing Address 101 N.W. 43RD STREET FT. LAUDERDALE FL 33309-4778
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3. Date Incorporated or Qualified 09/18/1996	3a. Date of Last Report
4. FEI Number 65-0697382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LAKHOYAN, VASKEN
2301 N.E. 9TH STREET
POMPANO BEACH FL 33309**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	LAKHOYAN, VASKEN (President)
STREET ADDRESS	2301 N.E. 9TH ST.
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KARAKOUZIAN, JIRAJ
STREET ADDRESS	9505 N.W. 49TH COURT
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BASDEKIAN, HAIG A (D)
STREET ADDRESS	101 N.W. 43RD STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33309
TITLE	D <input type="checkbox"/> DELETE
NAME	TOKATLIAN, HACOP (D)
STREET ADDRESS	1902 S.W. 87TH AVENUE
CITY-ST-ZIP	N LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LAKHOYAN, HACOP (D)
STREET ADDRESS	2301 N.E. 9TH ST.
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LAKHOYAN, HAMPIG (D)
STREET ADDRESS	1902 S.W. 87TH AVE.
CITY-ST-ZIP	N LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	ELMAST STODDARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	5416 NW 59 Place (S/T)
1.3 STREET ADDRESS	Tamarac Fl. 33319
1.4 CITY-ST-ZIP	
2.1 TITLE	SIRAN ADJEMIAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	3015 N OCEAN Blvd #12-I (D)
2.3 STREET ADDRESS	Ft Lauderdale FL 33308
2.4 CITY-ST-ZIP	
3.1 TITLE	PAUL ADJEMIAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	3015 N Ocean Blvd 12-I (D)
3.3 STREET ADDRESS	Ft. Lauderdale FL 33308
3.4 CITY-ST-ZIP	
4.1 TITLE	VARTAN HALLADIAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	5416 NW 59 Place (D)
4.3 STREET ADDRESS	Tamarac Fl. 33319
4.4 CITY-ST-ZIP	
5.1 TITLE	ARA BASTADIAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	4887 NW 67 Ave (D)
5.3 STREET ADDRESS	Lauderhill FL 33
5.4 CITY-ST-ZIP	
6.1 TITLE	HRIPO CARACATSANIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	1478 NE 62 St (D)
6.3 STREET ADDRESS	Ft Lauderdale FL 33334
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: [Signature] **VASKEN LAKHOYAN** 4/8/97 (954) 564-9793
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)