

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

FILED

**Mar 10 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/18/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0697382	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input checked="" 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

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 VASKEN LAKHOYAN DATE 2-14-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAKHOYAN, VASKEN	1.2 NAME	ADJEMIAN, PAUL
STREET ADDRESS	2301 N.E. 9TH ST.	1.3 STREET ADDRESS	3015 N. OCEAN BLVD APT 121
CITY - ST - ZIP	POMPANO BEACH FL	1.4 CITY - ST - ZIP	FORT LAUDERDALE, FL
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELMAST, STODDARD	2.2 NAME	HALADJIAN
STREET ADDRESS	5416 NW 59TH PLACE	2.3 STREET ADDRESS	5416 N.W. 59 PLACE
CITY - ST - ZIP	TAMARAC FL	2.4 CITY - ST - ZIP	TAMARAC, FL.
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASDEKIAN, HAIG A	3.2 NAME	BASTAJIAN, ARA
STREET ADDRESS	101 N.W. 43RD STREET	3.3 STREET ADDRESS	4887 - N.W. 67 AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL 33309	3.4 CITY - ST - ZIP	LAUDERHILL, FL.
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOKATLIAN, HAGOP	4.2 NAME	
STREET ADDRESS	1902 S.W. 87TH AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	N LAUDERDALE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKHOYAN, HAGOP	5.2 NAME	
STREET ADDRESS	2301 N.E. 9TH ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKHOYAN, HAMPIG	6.2 NAME	LAKHOYAN, HAMPIG
STREET ADDRESS	1902 S.W. 87TH AVE.	6.3 STREET ADDRESS	2301 - N.E. 9TH ST
CITY - ST - ZIP	N LAUDERDALE FL	6.4 CITY - ST - ZIP	POMP. BEACH FL

14. I 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 VASKEN LAKHOYAN DATE 2-14-98 (954) 564-9793

CFR2034 (10/97)