

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

FILED

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

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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 |
|---|---|

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 | 23 Zip | 24 Country | 26 Suite, Apt. #, etc. | 27 City & State |
| 25 | 28 | 29 | 30 | 4. FEI Number 65-0697382 | Applied For <input type="checkbox"/> Not Applicable |
| 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 | |
| | | | | FL 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 *VASKEN LAKHOYAN* (NOTE: Registered Agent signature required when reinstating) DATE **2-14-98**

| 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)