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**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90039 027 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P96000077783

1. Corporation Name  
**A.B.A.F. INVESTMENTS, INC.**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**09/18/1996**

2. Principal Place of Business

21 **931 NE 48 St**

22 Suite, Apt. #, etc.

23 **Ft. Lauderdale FL**

24 **33334** 25 **BROWARD**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip Country

30

4. FEI Number  
**65-0697382**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE **DP**  
 NAME **LAKHOYAN, VASKEN**  
 STREET ADDRESS **2301 N.E. 9TH ST.**  
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **ST**  
 NAME **ELMAST, STODDARD**  
 STREET ADDRESS **5416 NW 59TH PLACE**  
 CITY-ST-ZIP **TAMARAC FL**

TITLE **D**  
 NAME **BASDEKIAN, HAIG A**  
 STREET ADDRESS **101 N.W. 43RD STREET**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE **D**  
 NAME **TOKATLIAN, HACOP**  
 STREET ADDRESS **1902 S.W. 87TH AVENUE**  
 CITY-ST-ZIP **N LAUDERDALE FL**

TITLE **D**  
 NAME **LAKHOYAN, HACOP**  
 STREET ADDRESS **2301 N.E. 9TH ST.**  
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D**  
 NAME **LAKHOYAN, HAMPIG**  
 STREET ADDRESS **2301 N.E. 9TH ST**  
 CITY-ST-ZIP **POMPANO BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D**  Change  Addition  
 NAME **HALADJIAN, VARTAN**  
 1.2 NAME  
 1.3 STREET ADDRESS **2485 NW 88 TER**  
 1.4 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

2.1 TITLE **D**  Change  Addition  
 2.2 NAME **BASTAZIAN, ARA**  
 2.3 STREET ADDRESS **4887 NW 67 AVE**  
 2.4 CITY-ST-ZIP **LAUDERHILL FL 33319**

3.1 TITLE **D**  Change  Addition  
 3.2 NAME **PAUL ADJEMIAN**  
 3.3 STREET ADDRESS **931 NE 48 ST**  
 3.4 CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

4.1 TITLE **T**  Change  Addition  
 4.2 NAME **SIRAN ADJEMIAN**  
 4.3 STREET ADDRESS **931 NE 48 ST**  
 4.4 CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 6 1999**

Date

Daytime Phone #

CR2E034 (1/1/98)