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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005499 (6)

1. Corporation Name
BA INVESTMENTS OF DELAWARE, INC.



Principal Place of Business
C/O DANIEL A BURACK
355 LEXINGTON AVE., (14TH FL)
NEW YORK NY 10017

Mailing Address
C/O DANIEL A BURACK
355 LEXINGTON AVE., (14TH FL)
NEW YORK NY 10017-6877

3. Date Incorporated or Qualified 10/18/1996 3a. Date of Last Report

2. Principal Place of Business
21 550 MAMARONECK AVE.
Suite, Apt. #, etc.
22 Room 404
City & State
23 HARRISON, N.Y.
Zip
24 10528
Country
25 WESTCHESTER
26 550 MAMARONECK AVE.
Suite, Apt. #, etc.
27 (Room 404)
City & State
28 HARRISON, N.Y.
Zip
29 10528
Country
30 WESTCHESTER

4. FEI Number 13-3902645
Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES, INC.
801 N.E. 167TH STREET, STE 300
NORTH MIAMI BEACH FL 33162

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PCD BURACK, DANIEL A 37 OSBORN ROAD HARRISON NY
VD ALTMAN, EARLE S OSBORN ROAD HARRISON NY
ST MOVSESIAN, ALLEN 19 PIERCE DRIVE PARAMUS NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
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 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: _____ 1/7/97 914/381-3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ALLEN MOVSESIAN
Date Daytime Phone # 0003931

CR2E034 (9/96)