<i>AROC</i> AUNI N	PROFIT CORPORATION VNUAL REPORT 1996		FLORIDA DEPARTMENT STATE Sandra B. Morth Secretary of Sta DIVISION OF CORPOR IONS					
DCCUM 1. Cirporation NATIO			(1)					
Principal Place of 7100 KIMBE		Mailing Ado	ress IMBERLY BLVD.					
N. LAUDERD	DALE FL 33068-2335	n. lau	DERDALE FL 33068-23	335	3. Date Incorporated of 04/19/1988		a. Date of Last Re 04/11/19	
2. Principal Plac	e of Business	2a. Mailing	Address		4. FE I Number 65-00693	19	▶↓	Applied For Not Applicable
Suite, Apt. #,	etc.		pt. #, etc.	,	5. Certificate of Status	Desired [, \$8.75	Additional Required
City & State		City & S	tate	,	6. Election Campaign Trust Fund Contribu	_	\$5.00	0 May Be
Zip 4	Country	Zip 29	30	ountry	8. This corporation ha	s liability for intar		
•]	9. Name and Address of Curre			B1 Name	10. Name and Addres			7.4.1
ONE BI 2 S BIS MIAMI I	INIEL, JOHN M. ISCAYNE TOWER SCAYNE BLVD. #3750 FL 33131	22.4500		83 84 City (diress (P.O. Box Number is N 7100 K; 1	mberl	 - 	2 Code 68
SIGNATURE	the provisions of Sections 607.050 d agent, or both, in the State of Flo i, and accept the obligations of, So BATNE BOYA grature, typed or printed name of registered age.	iz and 607.1506, rida. Such change cition 607.0505, Fic	was authorized by the	-}~~~	pirador salvinis uns statemento por de de de la constitución de la con	pept the appoint	ment as registered	76
12.	OFFICERS AF	ND DIFFECTORS	DELCTE 1	3. 1 TITLE	ADDITIONS/CHANG	SES TO OFFICE	RS AND DIRECTO Change	PRS IN 12
NAME	BOYAJIAN, ZAVEN 10450 178TH COURT S		: 12	? NAME			_ ,	PRS IN 12
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL	A	1.0	STHEET ADDRESS				[
TITLE NAME STREET ADDRESS	VP BOYAJIAN, NOUBAR 10450 178TH COURT S BOCA RATON FL	L	2:	1 TITLE 2 NAME 3 STREET ADDRÉSS	20138 Sout Boca Rate	h Key a	Change	Addition S
CITY-ST-ZIP TITLE	\$			1 TITLE	9000 1000	7 70	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Boyajian, aline 9177-d SW 22ND Stree Boca Raton Fl	Γ	3.	2 NAME 3. Street Address 4 City - St - Zip				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOYAJIAN, HAROUHOUN 10450 178TH CT. S BOCA RATON FL	-	4.	1 TITLE 2 NAME 3 STHEET ADDRESS 4 CITY - ST - ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS		Ĺ	DELETE 5 5. 5.	1 TITLE 2 NAME 3 STREET ADDRESS			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		C	DELETE 6. 6. 6	4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP			☐ Change	☐ Addition
14. I do hereby	certify that the information suppled the information indicated on this an am an officer or director of the cou Block 12 or Block 13 if changed, o	and report or one	roluntarily furnished a	nd does not qua	curate and that my cinnature c	hali have the ear	ma lanal affact se il	f.made.under