FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000020395 (8)**

1. Corporation Name
AREV CORP.

Principal Place of Business	Mailing Address
1725 N CONGRESS AVE ~~APT 211~~ BOYNTON BEACH FL 33426 US	1725 N CONGRESS AVE ~~APT 211~~ BOYNTON BEACH FL 33426 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/18/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 65-0395796 ☐ 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

~~CHEREZIAN HAGOP~~
1725 N CONGRESS AVE
~~APT 211~~
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name: CHERKEZIAN HAGOP
82 Street Address (P.O. Box Number is Not Acceptable): 1725 N. CONGRESS AVE.
83
84 City: BOYNTON BEACH FL 85 Zip Code: 33426

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	CHERKEZIAN, HAGOP	12 NAME	CHERKEZIAN HAGOP	
STREET ADDRESS	~~670 LAKESIDE DRIVE APT 211~~	13 STREET ADDRESS	1725 N. CONGRESS AVE	
CITY-ST-ZIP	MARGATE FL 33063	14 CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	STD	21 TITLE		☐ Change ☒ Addition
NAME	JARKEZIAN KRIKOR	22 NAME		
STREET ADDRESS	1725 N CONGRESS AVE	23 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33426	24 CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ KRIKOR SARKEZIAN (407) 738-0444
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date: 4/25/95 — Daytime Phone #

0214401 CP