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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000020395 (8)

AREV CORP.

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Principa	II LINCA	OIL	ousiness

1725 N CONGRESS AVE

Mailing Address

1725 N CONGRESS AVE

## **FILED** Apr 30 1997 8:00am Secretary of State



BOYNTON BEA	ACH FL 33426	BOYNTON BEACH FL US	33426-8205						
·					03/18/1993 04/30		e of Last Report 0/1 <b>996</b>		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For			
21		26		65-0395796		Not Applicable			
Suite, Apt. #, etc.		— · · · ·	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1	75 Additional		
22			27		Fee Hequired				
City & State	Э		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zip	Country	<b>28</b>	Country		Trust Fund Contribution LJ Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,				
24	25	29	30	y	Florida Statutes Yes No				
<u> </u>	g. Name and Address of Curre		1301		10. Name and Address of New Reg	<b>3</b>	<del></del>		
CHE	ERKEZIAN, HAGOP		8	Name		<u></u>			
	5 N. CONGRESS AVE.		-						
BOYNTON BEACH FL 33426			8:	Street Add	ddress (P.O. Box Number is Not Acceptable)				
501	IIII VII DENVII I E VOTEV		8:	3					
				1		····			
			8	1 City		FL  85	Zip Code		
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 607.1508, Florida State of Florida Such change wigations of, Section 607.0505	atutes, the abo as authorized to Florida Statut	ve-named cor by the corpora es.	poration submits this statement for the pation's board of directors. I hereby accept	5 . <del></del>	ing its registered nt as registered		
SIGNATURE	Signature, typed or printed name of registered a		(NO1L: Registered A	gent signature requ	uired whon reinstating)	DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	PD OUEDVETHAL HAGOD	☐ DELETE	. 1.1 TITLE			☐ Cha	nge 🔲 Addition		
NAME	CHERKEZIAN, HAGOP		1.2 NAMI						
STREET ADDRESS	1725 N. CONGRESS AVE.		1.3 STRE	T ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 DITY	ST-ZIP					
TITLE .	STD MOVEMBER KONCO	☐ DELETE	2 1 TITLE			☐ Cha	nge 🔲 Addition		
NAME	JARKEZIAN KRIKOR		22 NAMI						
STREET ADDRESS	1725 N CONGRESS AVE		1	ET ADDRESS					
CITY-ST-ZIP	BOYNTON BEACH FL	DE LEC	2 4 CITY	- ST - ZIP		17 65			
TITLE		☐ DE1 ETE	3 1 TITLE			☐ Cha	nge 🔲 Addition		
NAME			3 2 NAMI	l l					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4. City 4.1 Title			☐ Cha	nge Addition		
NAME		L) beter	4. 2 NAM				inge		
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE	01-21		Cha	nge Addition		
NAME		- Vetere	5.2 NAMI				g:		
STREET ADDRESS				ET ADDRESS					
			5.4 CITY	1					
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	31-ZIF		☐ Cha	noe Addition		
NAME		La Dittit	6.2 NAM						
STREET ADDRESS				ET ADORESS					
STREET ADURESS			0.3 S1Rt						

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 employered 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 addiress.