

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S34278 (9)
1. Corporation Name
BAF ENTERPRISE INC.



Principal Place of Business: **7081 S.W. 27TH STREET MIRAMAR FL 33023**
Mailing Address: **7081 S.W. 27TH STREET MIRAMAR FL 33023**

3. Date Incorporated or Qualified: **02/25/1991**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0244578**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26 17400 N.W. 40 AVE.**
Suite, Apt. #, etc.: **27**
City & State: **28 MIAMI, FLA.**
Zip: **29 33055** Country: **30 USA**

9. Name and Address of Current Registered Agent
**FOREHAND, BENJAMIN T.
7081 S.W. 27TH STREET
MIRAMAR FL 33023**

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PV	<input checked="" type="checkbox"/> DELETE
NAME	FOREHAND, BENJAMIN T.	
STREET ADDRESS	7081 S.W. 27TH STREET	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	FOREHAND, ANNEMARIE	
STREET ADDRESS	7081 S.W. 27TH STREET	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FOREHAND, Benjamin T.	
1.3 STREET ADDRESS	17400 N.W. 40 AVE.	
1.4 CITY-ST-ZIP	MIAMI, FLA. 33055	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FOREHAND, ANNEMARIE	
2.3 STREET ADDRESS	17400 N.W. 40 AVE.	
2.4 CITY-ST-ZIP	MIAMI, FLA. 33055	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Benjamin T. Forehand **4-28-96 (305) 623-5320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, one Price & #

CR2E084 (12/95)