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May 09 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 # S34278 (9)
1. Corporation Name
BAF ENTERPRISE INC.



Principal Place of Business: 7081 S.W. 27TH STREET, MIRAMAR FL 33023
Mailing Address: 17400 NW 40 AVE, MIAMI FL 33055-3810, US

2. Principal Place of Business: 9021 NW 7th COURT, Pembroke Pines FLA, 33024
2a. Mailing Address: 9021 NW 7th COURT, Pembroke Pines, FLA, 33024

3. Date Incorporated or Qualified: 02/25/1991
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0244578
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: FOREHAND, BENJAMIN T., 7081 S.W. 27TH STREET, MIRAMAR FL 33023

10. Name and Address of New Registered Agent: Forehand Benjamin T., 9021 NW 7th COURT, Pembroke Pines FL, 33024

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: Benjamin T. Forehand
(NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		1b. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PV	NAME: FOREHAND, BENJAMIN T.	1.1 TITLE: PV	1.2 NAME: FOREHAND, BENJAMIN T.
STREET ADDRESS: 17400 NW 40TH AVE	CITY-ST-ZIP: MIAMI FL	1.3 STREET ADDRESS: 9021 NW 7th COURT	1.4 CITY-ST-ZIP: Pembroke Pines, FLA 33024
TITLE: ST	NAME: FOREHAND, ANNEMARIE	2.1 TITLE: ST	2.2 NAME: Forehand ANNEMARIE
STREET ADDRESS: 17400 NW 40 AVE	CITY-ST-ZIP: MIAMI FL	2.3 STREET ADDRESS: 9021 NW 7th COURT	2.4 CITY-ST-ZIP: Pembroke Pines, FLA 33024
TITLE:	NAME:	3.1 TITLE:	3.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE:	NAME:	4.1 TITLE:	4.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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: B T Forehand

CR2E034 (9/96)