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

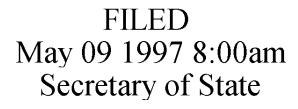
DOCUMENT # S34278

(9)

BAF ENTERPRISE INC.

Principal	Diana	of Ducino	_

Mailing Address





7061 8.W. 27TI MIRAMAR FL 3		17400 NW 40 AVE MIAMI FL 33055-3810 US				
				 Date Incorporated or Qualified 02/25/1991 	3a. Date of Last Report 05/01/1996	
	Place of Business	2a. Mailing Address	ا مال	4. FEI Number	Applied For	
Sulte, Apt.	NW 7th COURT	26 9021 NW 7	th court	65-0244578	Not Applicable	
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	rolle PINES FLA	City & State 28 Rem broke		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 330	Country 25	29 33024	Gountry 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent	
FOREHAND, BENJAMIN T. 7081 S.W. 27TH STREET MIRAMAR FL 33023 82 Street Address (P.O. Box Number is Not Acceptable) 9021 NW 7 Hh COURT 83 84 City Rembroke PINES FL 85 Zip Code y 33024						
11. Pursuant to the provisions of Sections 607.0509 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered of fire or registered again, or both in the State of Florida, Such change was submixed by the corporations beared of fire terms. For the purpose of changing its registered						
agent. I am familiar with, and accept the chiligations of, Section 607,0505, Fiorida Statutes. SIGNATURE						
12.	Signature hypod or printed name of egisterna agen OFFICERS AND		Registered Agent signature r		DATE	
TITLE	PV OFFICERS AND	DELETE	18. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition	
NAME	FOREHAND, BENJAMIN T.	better	1.2 NAME	FOREHAND, BENJAMIN	13	
STREET ADDRESS	17400 NW 40TH AVE		1.3 STREET ADDRESS	9021 NW 7 th COURT		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - S1 - ZIP	Pembroke PINES , FLA	33024	
TITLE	ST	DELETE	2.1 1111.51-211	ST	Change Addition	
NAME	FOREHAND, ANNEMARIE		2 2 NAME	Forthand Annema		
STREET ADDRESS	17400 NW 40 AVE		2.3 STREET ADDRESS	9021 NW 7 H COURT		
CITY-ST-ZIP	MIAMI FL		2.4 CITY- ST-ŽIP	Pembroke PINES		
TALE		OELETE	3.11111.6		Change Addition	
NAME			3.2 NAME		_ 5	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. C(TY-ST-Z)P			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHTY-ST-ZIP			4.4 CHTY - ST - 7IP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 1(1)(6		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - 7IF			
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.						