

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

FILED
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
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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 21 9021 NW 7th COURT Suite, Apt. #, etc. 22 City & State 23 Pembroke Pines FLA Zip 24 33024	2a. Mailing Address 26 9021 NW 7th COURT Suite, Apt. #, etc. 27 City & State 28 Pembroke Pines, FLA Zip 29 33024	3. Date Incorporated or Qualified 02/25/1991	3a. Date of Last Report 05/01/1996	4. FEI Number 65-0244578	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 Forehand Benjamin T 82 Street Address (P.O. Box Number is Not Acceptable) 9021 NW 7th COURT 83 84 City Pembroke Pines FL 85 Zip Code 33024
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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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV FOREHAND, BENJAMIN T. 17400 NW 40TH AVE MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PV FOREHAND, BENJAMIN T. 9021 NW 7th COURT Pembroke Pines, FLA 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOREHAND, ANNEMARIE 17400 NW 40 AVE MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ST Forehand ANNEMARIE 9021 NW 7th COURT Pembroke Pines, FLA 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 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* 11/24/97 (001) 1122-3421

CR2E034 (9/96)