

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G14745 (5)**

1. Corporation Name

**BASF, INC.**



Principal Place of Business

**15225 NW 77TH AVE  
MIAMI LAKES FL 33014**

Mailing Address

**15225 NW 77TH AVE  
MIAMI LAKES FL 33014**

2. Principal Place of Business

21 Suite, Apt., #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt., #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**LENNON, CHARLES W CAE  
15225 N W 77TH AVE  
MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified  
**12/22/1982**

3a. Date of Last Report  
**04/24/1995**

4. FEI Number  
**59-0525914**

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. 190.032, Florida Statutes.  Yes  No

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 607.0602 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of the Registered Agent

Signature of the President or Secretary

Date

| 12. OFFICERS AND DIRECTORS |   |  |
|----------------------------|---|--|
| TITLE                      | <b>D</b>                                  | <input type="checkbox"/> DELETE            |
| NAME                       | <b>LENNON, CHARLES W</b>                  |  |
| STREET ADDRESS             | <b>15225 N.W. 77TH AVENUE</b>             |  |
| CITY- ST- ZIP              | <b>MIAMI LAKES, FL 00000</b>              |  |
| TITLE                      | <b>V</b>                                  | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>MACDONALD, WEST</b>                    |  |
| STREET ADDRESS             | <b>1390 S. DIXIE HWY, STE. 2220</b>       |  |
| CITY- ST- ZIP              | <b>CORAL GABLES FL</b>                    |  |
| TITLE                      | <b>T</b>                                  | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>ADLER, DAVID</b>                       |  |
| STREET ADDRESS             | <b>2601 S. BAYSHORE DRIVE, STE.1475</b>   |  |
| CITY- ST- ZIP              | <b>COCONUT GROVE FL</b>                   |  |
| TITLE                      | <b>S</b>                                  | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>MASSON, STEVE</b>                      |  |
| STREET ADDRESS             | <b>7523 SW 95 PL/DARTMOUTH ENT. CORP.</b> |  |
| CITY- ST- ZIP              | <b>MIAMI FL</b>                           |  |
| TITLE                      | <b>S</b>                                  | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>TJON FELS</b>                          |  |
| STREET ADDRESS             | <b>5900 SW HI STREET</b>                  |  |
| CITY- ST- ZIP              | <b>MIAMI FL</b>                           |  |
| TITLE                      |   | <input type="checkbox"/> DELETE            |
| NAME                       |   |  |
| STREET ADDRESS             |   |  |
| CITY- ST- ZIP              |   |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |  |
|---|---|--|
| 11 TITLE  | <b>P</b>                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME   | <b>MACDONALD WEST</b>                     |  |
| 13 STREET ADDRESS                                     | <b>1390 S. DIXIE HWY STE 2220</b>         |  |
| 14 CITY- ST- ZIP                                      | <b>CORAL GABLES, FL</b>                   |  |
| 21 TITLE  | <b>V</b>                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME   | <b>STEVE MASSON</b>                       |  |
| 23 STREET ADDRESS                                     | <b>7523 SW 95 PL. DARTMOUTH ENT. CORR</b> |  |
| 24 CITY- ST- ZIP                                      | <b>MIAMI FL</b>                           |  |
| 31 TITLE  | <b>S</b>                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32 NAME   | <b>PRIME BLDG CORP</b>                    |  |
| 33 STREET ADDRESS                                     | <b>12954 SW 133 CT</b>                    |  |
| 34 CITY- ST- ZIP                                      | <b>MIAMI, FL 33186</b>                    |  |
| 41 TITLE  | <b>T</b>                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME   | <b>TJON FELS</b>                          |  |
| 43 STREET ADDRESS                                     | <b>5900 SW 111 ST</b>                     |  |
| 44 CITY- ST- ZIP                                      | <b>MIAMI FL</b>                           |  |
| 51 TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME   |   |  |
| 53 STREET ADDRESS                                     |   |  |
| 54 CITY- ST- ZIP                                      |   |  |
| 61 TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME   |   |  |
| 63 STREET ADDRESS                                     |   |  |
| 64 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 recorder 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 attached statement with an analysis.

SIGNATURE: *Charles W Lennon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (301) 5566300

CR2E034 (12/95)