

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUN 30 AM 7:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 33014-7804**

3. Date Incorporated or Qualified: **12/22/1982**
 3a. Date of Last Report: **04/19/1996**

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number: 59-0525914	Applied For: <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No											

9. Name and Address of Current Registered Agent

CHARLES SCURR
15225 N W 77TH AVE
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 with, 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: *Charles Scurr* DATE: *6/15/97*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LENNON, CHARLES W		1.2 NAME	<i>Charles Scurr</i>			
STREET ADDRESS	15225 N.W. 77TH AVENUE		1.3 STREET ADDRESS	Charles Scurr			
CITY-ST-ZIP	MIAMI LAKES, FL 00000		1.4 CITY-ST-ZIP	15225 N.W. 77 Avenue Miami, FL 33014			
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MACDONALD, WEST		2.2 NAME	FRANK ROBLES			
STREET ADDRESS	1390 S. DIXIE HWY, STE. 2220		2.3 STREET ADDRESS	Premier Design			
CITY-ST-ZIP	CORAL GABLES FL		2.4 CITY-ST-ZIP	11030 W Kendall Ave Miami, FL 33136			
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MASSON, STEVE		3.2 NAME	Masson Steve			
STREET ADDRESS	7523 SW 95 PL		3.3 STREET ADDRESS	7523 SW 95 Pl. Miami, FL 33173			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FELS, JON		4.2 NAME	Fels Jon			
STREET ADDRESS	5900 SW 111 ST		4.3 STREET ADDRESS	5900 SW 111 st Miami, FL 33019			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			5.2 NAME	ERIC ISENBERGH			
STREET ADDRESS			5.3 STREET ADDRESS	Prime Bldg Corp			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	1295 SW 133 Ct Miami, FL 33186			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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: *[Signature]* DATE: *6/15/97*

CFE034 (9/96)