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FILED
Jun 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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**

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: **59-0525914** Applied For: Not Applicable:

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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: **SCURR, CHARLES 15225 N W 77TH AVE MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent: 81 Name: **LISA MAXWELL** 82 Street Address (P.O. Box Number is Not Acceptable): **15225 NW 77AVE** 83 City: **MIAMI** 84 State: **FL** 85 Zip Code: **33014**

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: *Lisa Maxwell* DATE: **6-9-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: SCURR, CHARLES	1.1 TITLE: D	NAME: LISA MAXWELL
STREET ADDRESS: 15225 NW 77TH AVE	CITY-ST-ZIP: MIAMI LAKES FL 33014	1.2 NAME: LISA MAXWELL	1.3 STREET ADDRESS: 15225 NW 77AVE
		1.4 CITY-ST-ZIP: MIAMI FL 33014	
TITLE: D	NAME: ROBLES, FRANK	2.1 TITLE: D	NAME: JON FELS
STREET ADDRESS: 11030 W. KENDALL AVE.	CITY-ST-ZIP: MIAMI FL 33136	2.2 NAME: BROOKHAN FELS	2.3 STREET ADDRESS: 255 ANAMBA CIRCLE
		2.4 CITY-ST-ZIP: CORAL GABLES FL 33134	
TITLE: D	NAME: MASSON, STEVE	3.1 TITLE: D	NAME: VINCE PALAZZO
STREET ADDRESS: 7523 SW 95 PL.	CITY-ST-ZIP: MIAMI FL 33173	3.2 NAME: VINCE PALAZZO	3.3 STREET ADDRESS: 200 E BROWARD BLVD STE 2000
		3.4 CITY-ST-ZIP: FT LAUDERDALE FL 33301	
TITLE: D	NAME: FELS, JON	4.1 TITLE: D	NAME: DENNIS KLEINMAN
STREET ADDRESS: 8900 SW 111 ST.	CITY-ST-ZIP: MIAMI FL 33019	4.2 NAME: DENNIS KLEINMAN	4.3 STREET ADDRESS: 19495 DISCAYNE BLVD STE 409
		4.4 CITY-ST-ZIP: AUCUTURA FL 33180	
TITLE: D	NAME: ISENBERGH, ERIC	5.1 TITLE:	NAME:
STREET ADDRESS: 1295 SW 133 CT.	CITY-ST-ZIP: MIAMI FL 33186	5.2 NAME:	5.3 STREET ADDRESS:
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	6.3 STREET ADDRESS:
		6.4 CITY-ST-ZIP:	

14. I 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: **4/29/98 305-536-6300**

CR2E034 (10/97)