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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90012 022 ***211.25

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G14745**

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/22/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-0525914	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAXWELL, LISA 15225 N W 77TH AVE MIAMI LAKES FL 33014				81 Name			
				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, 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: *[Signature]* DATE: 2-22-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAXWELL, LISA	12 NAME	D MAXWELL LISA
STREET ADDRESS	15225 NW 77TH AVE	13 STREET ADDRESS	15225 NW 77TH AVE
CITY-ST-ZIP	MIAMI LAKES FL 33014	14 CITY-ST-ZIP	MIAMI FL 33014
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELS, JON	22 NAME	TIM WERIE
STREET ADDRESS	255 ALHAMBRA CIR.	23 STREET ADDRESS	2005 BISCAYNE BLVD STE 3700
CITY-ST-ZIP	CORAL GABLES FL 33134	24 CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALAZZOLO, VINCE	32 NAME	D HAL EISENACHER
STREET ADDRESS	200 E BROWARD BLVD. STE. 2000	33 STREET ADDRESS	4350 SHELBY DRIVE STE 100
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	34 CITY-ST-ZIP	MIAMI FL 33173
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEINMAN, DENNIS	42 NAME	D FRANK ROBLES
STREET ADDRESS	19495 BISCAYNE BLVD. STE. 409	43 STREET ADDRESS	11030 N. KENNAM DR STE 100
CITY-ST-ZIP	AVENTURA FL 33180	44 CITY-ST-ZIP	MIAMI FL 33176
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

I 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 stated 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

URE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99
 Date

954 525 8225
 Daytime Phone #

CR2E034 (11/98)