

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F26211 (5)

1. Corporation Name
BASH, INC.



Principal Place of Business
1150 THRUSH AVENUE
MIAMI SPRINGS FL 33166

Mailing Address
P O BOX 66-1111
MIAMI SPRINGS FL 33166
US

3. Date Incorporated or Qualified 03/19/1981	3a. Date of Last Report 08/10/1995
4. FEI Number 59-2168447	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	\$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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

ANDERSON, KEVIN A
39 E 6TH STREET
HIALEAH FL 33010

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 607.0502 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 (typed or printed name of registered agent and dated acceptable)

(NOTE: Registered Agent Signature required when first time)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HOLMES, R. EDWARD
STREET ADDRESS	1150 THRUSH AVE
CITY - ST - ZIP	MIAMI SPRINGS FL
TITLE	VD
NAME	HOLMES, JEAN A.
STREET ADDRESS	1150 THRUSH AVE
CITY - ST - ZIP	MIAMI SPRINGS FL
TITLE	VD
NAME	HOLMES, JAMES A.
STREET ADDRESS	1150 THRUSH AVE
CITY - ST - ZIP	MIAMI SPRING FL
TITLE	VD
NAME	HOLMES, JOHN A.
STREET ADDRESS	1150 THRUSH AVE
CITY - ST - ZIP	MIAMI SPRINGS FL
TITLE	STD
NAME	HOLMES, MARYANNE W.
STREET ADDRESS	1150 THRUSH AVE
CITY - ST - ZIP	MIAMI SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6. 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 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:

R. Edward Holmes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Edward Holmes

4/29/96

(305) 888-9070

Date

Daytime Phone #

CR2E034 (12/95)