

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L89653** (4)

1. Corporation Name
BASE INTERNATIONAL, INC.



Principal Place of Business: **44 W FLAGLER ST. 18TH FLOOR MIAMI FL 33130**
Mailing Address: **44 W FLAGLER ST. 18TH FLOOR MIAMI FL 33130**

3. Date Incorporated or Qualified: **06/28/1990**
3a. Date of Last Report: **03/16/1995**
4. FEI Number: **65-0213792**
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **701 Brickell Ave.**
Suite, Apt. #, etc.: **16th Floor**
22 **16th Floor**
City & State: **Miami, Florida**
23 **Miami, Florida**
Zip: **33131** Country: **U.S.A.**
24 **33131** 25 **U.S.A.** 26 **701 Brickell Ave.**
Suite, Apt. #, etc.: **16th Floor**
27 **16th Floor**
City & State: **Miami, Florida**
28 **Miami, Florida**
Zip: **33131** Country: **U.S.A.**
29 **33131** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
CLAUSSEN, KENNETH F.
44 W FLAGLER ST.
18TH FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **701 Brickell Ave., 16th FL**
83
84 City: **Miami** FL 85 Zip Code: **33131**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ELIAS LANDSBERGER GLIK	
STREET ADDRESS	44 W FLAGLER ST., 18 FL.	
CITY - ST - ZIP	MIAMI FL 33130	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALFREDO LANDSBERGER GLIK	
STREET ADDRESS	44 W. FLAGLER ST., 18 FL	
CITY - ST - ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	701 Brickell Ave., 16 FL
1.4 CITY - ST - ZIP	Miami, FL 33131
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	701 Brickell Ave., 16 FL
2.4 CITY - ST - ZIP	Miami, FL 33131
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	300001797493
5.4 CITY - ST - ZIP	-04/29/96--01021-01
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	***200.00
6.3 STREET ADDRESS	
6.4 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: _____ DATE: **APR-17/1996**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ELIAS LANDSBERGER GLIK** Do. **St-426-96**

CR2E034 (12/95)