

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M58216** (6)

1. Corporation Name
BASA DEVELOPMENT CORPORATION



Principal Place of Business

11405 S.W. 32 ST.
MIAMI FL 33165-2117

Mailing Address

11405 S.W. 32 ST.
MIAMI FL 33165-2117

2. Principal Place of Business

21 Subv. Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Subv. Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

QUINTERO, FRANK, JR.
3400 CORAL WAY STE 500
MIAMI FL 33145

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

08/28/1987

3a. Date of Last Report

03/21/1995

4. FET Number

59-2858341

Applied For Not Applicable

5. Certificate of Status Debited

\$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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.06, 607.07 and 607.1505, Florida Statutes, the above named corporation or individual hereby certifies this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Said change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.06, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | BASADRE, MARTHA | |
| STREET ADDRESS | 11405 S.W. 32 ST. | |
| CITY-STATE-ZIP | MIAMI FL | |
| TITLE | PSD | <input type="checkbox"/> DELETE |
| NAME | BASADRE-ALVAREZ, LOURDES | |
| STREET ADDRESS | 11405 S.W. 32 ST. | |
| CITY-STATE-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15 TITLE | |
| 16 NAME | |
| 17 STREET ADDRESS | |
| 18 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19 TITLE | |
| 20 NAME | |
| 21 STREET ADDRESS | |
| 22 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23 TITLE | |
| 24 NAME | |
| 25 STREET ADDRESS | |
| 26 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27 TITLE | |
| 28 NAME | |
| 29 STREET ADDRESS | |
| 30 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied is true, correct, voluntary, finished 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, and that I am 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: *Sandra Basadre Alvarez* PRESIDENT 1/3/96 226-4391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)