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 # **P93000074678 (2)**

1. Corporation Name

BASO RESTAURANT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2889 STIRLING ROAD FORT LAUDERDALE FL 33312	2889 STIRLING ROAD FORT LAUDERDALE FL 33312

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

3. Date Incorporated or Qualified	3a. Date of Last Report
10/27/1993	09/28/1995

4. FEI Number: 65-0446462 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SOLOVAY, JERRY
8350 BLACK OLIVE DRIVE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BAUMAN, PHILIP		12 NAME	
STREET ADDRESS	2810 NORTH 46TH AVE.		13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		14 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SOLOVAY, JERRY		22 NAME	
STREET ADDRESS	8350 BLACK OLIVE DR.		23 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321		24 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	31 TITLE VPD	☑ Change ☐ Addition
NAME	SOLOVAY, RUSSELL		32 NAME Solovay, Russell	
STREET ADDRESS	8350 BLACK OLIVE DR.		33 STREET ADDRESS 845 Sund Osprey Circle	
CITY-ST-ZIP	TAMARAC FL 33321		34 CITY-ST-ZIP Ft Lauderdale, FL 33327	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, that it 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 attached sheet with an address.

SIGNATURE: Jerry Solovay Pres. 3/27/96 954-561-4070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #