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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	1996	DIVISION OF (	CORPORATIONS		
DOCUI 1. Corporation	MENT # P9400	0047252 (9	))		
BAST	ION INTERNATIONAL GROU	P INC.			
				I HORIJOËN HAD HARA DJOH DANIA DA	III ABIII AASI Alain Baah Isaan Ahiin bian isaa
Drigginal Place	of Disciones	A 1 1 A 1 1			
		Mailing Address			
8121 NW 166TH STREET Miami Fl 33016		8121 NW 166TH STREET MIAMI FL 33016			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				06/20/1994	05/16/1995
Principa: Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0502248	Not Applicable
Suite, Apt. #	r, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	:	City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	S5.00 May Be Added to Fees
Ζip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	Florida Statutes	No
	9. Name and Address of Current	Registered Agent	04	10. Name and Address of New R	egistered Agent
MENDE	7 ALDEDT		81 Name		
MENDEZ, ALBERT			82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)
8121 NW 166TH STREET MIAMI FL 33016			83		
micati	12 00010				
			84 City		FI 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502 a	ind 607.1508, Florida Statutes	the above named corpor	ration submits this statement for the pur	and of the color to the color of the
or registere	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	i Such change was authorized	d by the corporation's boar	rd of directors. Thereby accept the appo	intment as registered agent. Lam
SIGNATURE:	Alle of Alb	ert Mende	z (Preside	ent)	5/15/96
12.	OFFICERS AND	this it application (%55°).	Final Stated Agent Signal are required	d when ren shang)	DAT
TITLE	D OPPOCENS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change Addition
NAME	MENDEZ, ALBERT		1.2 NAME		Change Add tion
STREET ADDRESS	8121 NW 166TH STREET		1.3 STREE! ACORESS		
CITY - ST - ZIP	MIAMI FL 33016		14 CiTY - S1 - Z-P		
THTLE	D	☐ DELFTE	2 1 TITLE		Change Addition
NAME	LIGUA, JOE V		22 NAME		
STREET ADDRESS	710 EAST 13TH STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33010		2 4 C(TY - ST - Z)F		
TITLE	D	☐ DELETE	3 1 TIFLE		Change Addition
NAME	ACOSTA, ANGEL L		3.2 NAME		
STREET ADORESS	16430 BRIAR PATCH PLACE MIAMI FL 33010		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33010	☐ DELETE	3.4 C(TY-ST Z)P 4.1 T(TLE		D. Oberes
NAME		britin	4 2 NAME		Change Addition
STREET ADDRESS			4 3 STREET ADDRESS		
CITY - S1 - ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 * TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6 3 STHEET ADDRESS		
CITY - ST - ZIP			6.4 CITY - S1 - 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 offect 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 abact ment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OPPRINYED NAME OF SIGNING OFFICER ON DIRECTOR

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