

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 # **P95000035808 (1)**

1. Corporation Name

BASICS INTERNATIONAL INC.



Principal Place of Business

Mailing Address

**12178 S.W. 128TH ST.
MIAMI FL 33186**

**12178 S.W. 128TH ST.
MIAMI FL 33186**

3. Date Incorporated or Qualified
05/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **13090 SW 132ND CT**
Suite, Apt. #, etc.

26 **Same**
Suite, Apt. #, etc.

4. FEI Number

650592256

Applied For
Not Applicable

22 City & State

23 **Miami FL 33186**

27 City & State

28

24 Zip

33186

25 Country

DADE

29 Zip

30 Country

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

**BERMAN, MYRON B
12178 S.W. 128TH ST.
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name **Myron B. BERMAN**
82 Street Address (P.O. Box Number is Not Acceptable)
13090 SW 132ND CT
83
84 City **MIAMI** FL 85 Zip Code **33186**

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, if the name is not the name of the registered agent, subject to change upon filing.

12. Registered Agent's subject to change upon filing.

DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	BERMAN, GERSHON	
STREET ADDRESS	12178 S.W. 128TH ST.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/>
NAME	ROSENFELD, IAN	
STREET ADDRESS	12178 S.W. 128TH ST.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input type="checkbox"/>
NAME	BERMAN, MARC	
STREET ADDRESS	12178 S.W. 128TH ST.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	TD	<input type="checkbox"/>
NAME	ASKOWITZ, GERALD	
STREET ADDRESS	12178 S.W. 128TH ST.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	13090 SW 132ND CT		
1.4 CITY-ST-ZIP	MIAMI FL 33186		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	13090 SW 132ND CT		
2.4 CITY-ST-ZIP	MIAMI FL 33186		
3.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS	13090 SW 132ND CT		
3.4 CITY-ST-ZIP	MIAMI FL 33186		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	13090 SW 132ND CT		
4.4 CITY-ST-ZIP	MIAMI FL 33186		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
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: **Gershon Berman** **GERSHON BERMAN** 4/17/96 18008812020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)