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May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000030961 (2)

1. Corporation Name

BAS INTERNATIONAL, INC.



Principal Place of Business

6291 TERRA ROSA CIRCLE  
BOYNTON BEACH FL 33437

Mailing Address

6291 TERRA ROSA CIRCLE  
BOYNTON BEACH FL 33437-5142

2. Principal Place of Business

2a. Mailing Address

21 4781 N. CONGRESS AVE.

26 4781 N. CONGRESS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 133

27 SUITE 133

City & State

City & State

23 LANTANA FL

28 LANTANA FL

Zip

Country

Zip

Country

24 33462 25 U.S.A.

29 33462 30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name ALAN DOERR

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

4781 N. CONGRESS AVE

83 #133

84 City LANTANA

FL

85 Zip Code 33462

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME DOERR, ALAN R.J.  
STREET ADDRESS 8 RIPLEY WAY  
CITY-ST-ZIP BOYNTON BEACH FL 33462

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME SMITH, DOUG  
STREET ADDRESS 5068 SAINT JOHN AVENUE NORTH  
CITY-ST-ZIP BOYNTON BEACH FL 33437

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 attachment with an address.

SIGNATURE: ALAN R.J. DOERR

Signature and typed or printed name of signing officer or director

4-30-97

(561)640-1427

Date

Daytime Phone #

0320884

CR2E034 (9/96)