

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 23 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 # P96000049354 (9)

1. Corporation Name
BASIN RESEARCH AND INFORMATION NETWORK, INC.



Principal Place of Business
11650 NE 21 DRIVE
NORTH MIAMI FL 33181

Mailing Address
11650 NE 21 DRIVE
NORTH MIAMI FL 33181-3210

3. Date Incorporated or Qualified 06/10/1996
3a. Date of Last Report N/A
4. FEI Number 65-0672655
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

2. Principal Place of Business
21 Site Apt. # etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

9. Name and Address of Current Registered Agent
ZARETSKY, NANCY
11650 NE 21 DRIVE
NORTH MIAMI FL 33181

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	DELETED
PSD	ZARETSKY, NANCY	<input type="checkbox"/>
11650 NE 21 DRIVE		
NORTH MIAMI FL 33181		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	DELETED	Change	Addition
1.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: *Nancy Zaretsky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/97 3:05 PM 891 0298
Date Daytime Phone #

CR2E034 (9/96)