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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State ▶ ... DIVISION OF CORPORATIONS

DOCUMENT # P96000065747 (3)

BASIX FOOD, INC.

97 JUN 20 MM 7: 117

SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place	e of Business	Mailing Address								
8854A STIRLING ROAD HOLLYWOOD FL 33020		2854A STIRLING ROAD HOLLYWOOD FL 33020-1125								
						3. Date Incorporated or Qualified 08/06/1996	3a. Dai	te of Last Re	port	
2. Principal Place of Business 28. Mailing Address						4. FEI Number 10 8 2	7		plied For	
21 2954 Stite, Apl. #, etc. Stite, Apl. #, etc. Stite, Apl. #, etc.			200			05-0160 83			t Applicable	
——————————————————————————————————————	#, etc.	Suite, Apt. #, etc.	י ' י			5. Certificate of Status Desired		\$8.75 A		
City & State	City & State	& State			6. Election Campaign Financing \$5.00 May Be					
23 + 0	Country	Z(p) Country				Trust Fund Contribution Added to Fees 8. This corporation has liability for intengible tax under s. 199.032,				
24 330	25 U.S.A.	29	30	i ito y			-	tax under s.] No	199.032,	-
24 1000	9. Name and Address of Current		100]			10. Name and Address of New Reg		_		+
AMERILAWYER CHARTERED					Name					1
343 ALMERIA AVENUE				82	Street Addr	Address (P.O. Box Number is Not Acceptable)				-
CORAL GABLES FL 33134						uss (1.0. box (volime) is Not Acceptable)				_]
				83						
į				84	City			85 Zip C	Code	┨
					•		FL	1.1		
11. Pursuant I office or re agent. Lai	to the provisions of Sections 607.0502 egi <mark>ste</mark> red agent, or both, in the State of m f am iliar with, and accept the obligati	and 607.1508, Florida Statut Florida. Such change was a ons of, Section 607.0505, Fk	es, the ab authorized orida Stat	oove d by utes	named corp the corporation	oration submits this statement for the pulon's board of directors. I hereby accept	rpose of the appo	changing ils sintment as r	s registered registered	
SIGNATURE										
	Signature, typed or printed name of registered agent			i Age	nt signature requi	nd when remistaling)	DATE	DIDECTOR	0.161.40	12
12. TITLE	OFFICERS AND DIRECTORS PSID DELETE		13.	ı F		ADDITIONS/CHANGES TO OFFICERS AND DIF		Change	Addition	18
NAME	BENAVNER, HAGAY			2 NAME		4000022 -06/24/9	21:	344-		10
STREET ADDRESS 2854A STIRLING ROAD				3 STREET ADDRESS		-06/24/9	701	:0580	116	120
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY - S			****165	.00	非非非米1日	5.00	120
TITLE		DELETE 217			· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME				M!						
STREET ADDRESS			2 3 ST		ADDRESS					
CITY-ST-ZIP			2 4 CITY - SI - ZIP							_
TITLE	☐ DELETE		3.1 10	L.F			ļ	☐ Change	Addition	
NAME			3.2 N/	Mi	İ					
STREET ADDRESS			3351	R£ F1	ADDRESS					
CITY-ST-ZIP	I of the			3.4 CHY-ST-ZIP					1 100	1
TITLE		DELETÉ	4.1 10					Change	☐ Addition	
NAME			4.2 N							
STREET ADDRESS					ADORESS T. 3/B					
CITY-ST-ZIP TITLE		DELETE	4.4 CI		1 - 2112			Change	Addition	┨
NAME			5.1 TITLE 5.2 NAME				,	0,100,190	- HORSIGIA	
STREET ADDRESS	4				ADDRESS					
CITY-ST-ZIP	,		5.4 CI		1					
TITLE		DELETE	6,1 TI		r - £ 1º			Change	Addition	1
NAME	•	tuter	6.2 NA		-		'			
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			C 6.4 CITY - ST - ZIP						ı	
14 Ldo horot	ay portify that the information convolind a	with this filing does not quali	tu for the	540		Lie Coetion 110 07(3)(i) Florida Protutos	Liferethore	and the that i		-{

too nereby 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 offect as if made under oath; that I am an officer or director of the porporation 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 attactment with an address.