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55 MAY -1 AM 5:13

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **V47082** (5)

1. Corporation Name  
**BASILICO, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**240 SUNNY ISLES BLVD. MIAMI BEACH FL 33160**      **240 SUNNY ISLES BLVD. MIAMI BEACH FL 33160**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/30/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
21	State Apt. #, etc.	26	State Apt. #, etc.	4. FEI Number <b>65-0367484</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	City & State	29	City & State	8. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>POSTERARO, FRANCO 240 SUNNY ISLES BLVD. MIAMI BEACH FL 33160</b>				10. Name and Address of New Registered Agent	
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)	
B3				B4 City	
				B5 Zip Code <b>FL</b>	

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 1)	
TITLE <b>D</b>	<b>POSTERARO, FRANCO</b> <b>240 SUNNY ISLES BLVD.</b> <b>MIAMI BEACH FL</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b>	<b>FIGLIA, DOMENICO</b> <b>240 SUNNY ISLES BLVD.</b> <b>MIAMI BEACH FL</b>	12 NAME	
TITLE		13 STREET ADDRESS	
TITLE		14 CITY, ST, ZIP	
TITLE		15 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		16 NAME	
TITLE		17 STREET ADDRESS	
TITLE		18 CITY, ST, ZIP	
TITLE		19 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		20 NAME	
TITLE		21 STREET ADDRESS	
TITLE		22 CITY, ST, ZIP	
TITLE		23 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		24 NAME	
TITLE		25 STREET ADDRESS	
TITLE		26 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 Sections 119 (1)(2)(3)(4) 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, the owner 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 of this report, or in an affidavit with an address.

SIGNATURE: *France Posteraro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**France Posteraro**

4-27-95      949-0888