File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

Name and Mailing Address
 of Limited Liability Company

DOCUMENT # M9500000006

NEW BASICS, L.L.C., L.C. EXCEL BUSINESS PARK 575 PROSPECT ST., SUITE 222 LAKEWOOD NJ 08701 FILED

98 APR 20 PM 3:41

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

5431 NW 15TH ST., BAY #5 MARGATE FL 33063

2. Principal Place of Business 2a. Maili			ng Address			1	. Date Organiz	ed or Qualified	3a. State of Formation		
Dulls And Wash			A th ata				12/30/1994		NJ		
Suite, Apt. #, etc. Suite, Ap			u. #, etc.				1. FEI Number				
City & State City & St.			ate				00 222			Not Applicable	
							22-3333611 Not Applicat 5. Date of Last Report 6. Certificate of Status Desire			and	
Zip		Country Zip		Countr		ry				\$8.75 Additiona	
7. Name and Address of Current Registered				Agent 8			9 No	04/29/1		tered Agent/Office	
	7. (44.110		gent 8. Name and Address of New Regi				relec våennon	iice			
	E, KARE	Keith Harri			Iarris_						
	S PA rrow E 3-g					h Harris (P.O. Box Number is Not Acceptable) NW 82 Street					
	_	Suite, Apt. #, etc.									
ROYAL PALM BEACH FL 33411											
		City Miami				7ip Code 33147					
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changes registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointmass registered agent accept the obligations.								pose of changing of the appointment			
SIGNATU	IRE /	(Registered Agent A		DTE: Registered Agent signature required when reinstating)					DATE		
10. Title	Managing Members/Managers			Business Street Address					City, State and Zip Code		
MGRM	********	₹₹₹ ¥₩x		5431 N	w.	15TH	STRE	ET, BAY	MARGAI	E FL	!
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11. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Keith Harris

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

(305) 223-2243

3-10-98

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