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

PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300060462

1. Corporation Name

Filincipal Flace Ur E	,,
8230 SW 63 CT MIAMI FL 33143	

Apr 06, 1999 8:00 am Secretary of State 04-06-1999 90054 045 ***150.00

BASKET	WORKS, INCORPORATED				•				
Principal Place	o of Business	Mailing Address				-	DILLI GOLLI ULDLI	Altin kan lan	
•		•							
8230 SW 63 CI MIAMI FL 33143	0 SW 63 CT 8230 SW 63 CT MI FL 33143 MIAMI FL 33143			DO NOT WRITE IN THIS SPACE					
	•					3. Date Incorporated or Qualifed			
		·				08/24/1993			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	plied For	
21	-	26				65-0435824	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22	et e e	27				3. Certificate of Status Desired	Fee Re	equired	ĺ
City & State	0	City & State	-	_==		6: Election Campaign Financing		May Be	-
23		28				Trust Fund Contribution		to Fees	ĺ
Zip	Country	Zip	_	untry		8. This corporation owes the current year Int	angible XiYes	□No	
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registered			ĺ
	9. Name and Address of Current	t Registered Agent		81	Name	10. Name and Address of New Registered	rigoin.		ĺ
EON	T, MICHELLE Q.								ı
	SW 63 COURT			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			ĺ
	MI FL 33143			83					ĺ
inica	711 1 L 00 140			"					
İ		•		84	City	FL	85 Zip	Code	
	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	or Florida. Such change was a ions of, Section 607.0505, Flo	rida Sta	tutes.	tne corporatio	oration submits this statement for the purpose of in's board of directors. I hereby accept the appoi	changing its ntment as re	registered egistered	
	Signature, typed or printed name of registered agen	1100			t signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DS IN 12	é
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	7
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TITLE		☐ DELETE	6.1	ITTLE			Change	Addition	1
NAME									
,				NAME					
STREET ADDRESS			6.3		ADDRESS				

14. I 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 cooperation 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 in the properties of the cooperation or an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE RÉQUIRED
RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 468 060 7