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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000063806 (2)

BASKET EVERYTHING, INC.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					E BEBYANDI YAN ANIEN SISIN NANIA NDIAL MBINI NDIAN DAIIN		.000 0404 0001		
2601 NW 112TH AVE 2601 NW 112TH AVE MIAMI FL 33172 MIAMI FL 33172						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						09/07/1993			
·	Place of Business	2a. Mailing A	28. Mailing Address			4. FEI Number	Ar	oplied For	
21		26	···			65-0456213		ot Applicable	
Suite, Apt.	₩, elc.	Suite, Apt	Suite, Apt. #, etc.			6. Certificate of Status Desired	7	Additional equired	
City & Stat	0	City & Sta	City & Stato			6. Election Campaign Financing	\$5.00	May Be	
23		[28]	-4-4			Trust Fund Contribution Added to Fees			
Zip	Country Zip		Country		•	8. This corporation owes or has paid the current year Intangible			
24	4 [25] [29] 9. Name and Address of Current Register		red Agent			Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent			
						81 Name			
	VIETELSKY, ERNST 01 NW 112TH AVE								
	AMI FL 33172			82	Street Add	dress (P.O. Box Number Is Not Acceptable)			
1	THIN I E COLLE			83			· · · · · · · · · · · · · · · · · · ·		
				84	Ob		Table 400		
					•	FL	1 1 '	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 Signature, typod or printed name of requisir-red apent end title if applicable (NOTE Registered Agent signature required when reinstating) DATE									
Signature, typed or perded name of repusterned agent and title it application 12. OFFICERS AND DIRECTORS				13.		ured when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12	
TITLE	D DELETE			11 TITLE			Change	Addition	
NAME	SWIETELSKY, ERNST			NAME					
STREET ADDRESS	I man a suda a company accomp		1.3	1.3 STREET ADDRESS					
CITY-ST-ZIP	-ST-ZIP MIAMI FL 33172			1.4 CITY-ST-ZIP					
TITLE	☐ DELETE			2 1 TITLE			☐ Change	Addition	
NAME			22	NAME					
STREET ADDRESS			2.3 \$7		ADDRESS	•			
CITY-ST-ZIP				2 4 CITY - ST - ZIP					
TITLE	☐ DELETE			TITLE			Change	Addition	
NAME STORES ADDRESS				NAME	4000000				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE				CITY-S	11 - ZIP		Change	Addition	
NAME		_		NAME	İ				
STREET ADDRESS			_		ADDRESS				
CITY-ST-ZIP				CITY-S'					
TITLE	DELETE .			5.1 TITLE			Change	Addition	
NAME			5.2	NAME	1		-		
STREET ADDRESS			5.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-SI	I - ZIP				
TITLE			DELETE 6.1	TITLE			Change	Addition	
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREET	ADDRESS				
CITY-ST-ZIP		**************************************	6.4	CITY-SI	T-ZIP		·		

lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information profiled arrangement is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an a receive or trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in I hereby certify that the information deprivation indicated on this annual report or suppliere

SIGNATURE:

Ernst Swietelsky