FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 23 AM 10: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000061627

1. Corporation Name
BAS SERVICES, INC.

Principal Place of Business
7535 WEST 24th AVENUE
UNIT B
HIALEAH, FLORIDA 33016

Mailing Address
7535 WEST 24th AVE
UNIT B
HIALEAH, FLORIDA 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 8/22/94
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0515081 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
RAUL D. CABRERA
4201 S.W. 11th ST.
MIAMI, FLORIDA 33134

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number Is Not Acceptable)
03
04 City — FL — 05 Zip 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: MIGUEL DE LA ROSA
STREET ADDRESS: 7535 WEST 24th AVENUE UNITB
CITY-ST-ZIP: HIALEAH, FLORIDA 33016

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

500001522945
-06/26/95--01042--002
****225.00 ****225.00

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or a 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 attachment with any updates.

SIGNATURE: _____ 6/14/95
MIGUEL DE LA ROSA, PRESIDENT
Title Daytime Phone #