

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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000079359 (3)**

1. Corporation Name

A BASKET FULL, INC.

Principal Place of Business

**110 VALENCIA AVE
CORAL GABLES FL 33134
US**

Mailing Address

**110 VALENCIA AVE
CORAL GABLES FL 33134
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1994

4. FEI Number

65-0529927

Applied For

Not Applicable

6. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

8. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 7444 SW 48 Street

Suite, Apt. #, etc.

22

City & State

23 Miami Florida

Zip

24 33155

Country

25 USA

2a. Mailing Address

26 PO Box 141951

Suite, Apt. #, etc.

27

City & State

28 Coral Gables FL

Zip

29 3314-1951

Country

30 USA

9. Name and Address of Current Registered Agent

**ALTOSINO PATRICIA M
110 VALENCIA AVE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

SASTRE, Colleen A.

82 Street Address (P.O. Box Number is Not Acceptable)

7444 SW 48 Street

83

84 City **Miami**

FL

85 Zip Code **33155**

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

Colleen A. Sastre

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **ALTOSINO, PATRICIA M**
STREET ADDRESS **110 VALENCIA AVE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VPD** ☐ DELETE

NAME **SASTRE, COLLEEN A**
STREET ADDRESS **110 VALENCIA AVE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **AD VPD, S.T.** ☒ Change ☐ Addition

1.2 NAME **Sastre, Colleen A.**
1.3 STREET ADDRESS **7444 SW 48 Street**
1.4 CITY-ST-ZIP **Miami, FL 33155**

2.1 TITLE **Director** ☐ Change ☒ Addition

2.2 NAME **Sastre, Aristides Anthony**
2.3 STREET ADDRESS **7444 SW 48 Street**
2.4 CITY-ST-ZIP **Miami, FL 33155**

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

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 corporation 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 if changed, or in an attachment with an address.

SIGNATURE:

Colleen A. Sastre

CR2E034 (10/97)