

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000033617 (8)

1. Corporation Name

BASKETMANIA, INC.

Principal Place of Business

14980 S.W. 43RD STREET
MIAMI FL 33185

Mailing Address

14980 S.W. 43RD STREET
MIAMI FL 33185



3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

N/A - initial

2. Principal Place of Business

2a. Mailing Address

21 4631 S.W. 156 PL

26 4631 SW 156 PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 Miami, FL

23 Miami, FL

28 33185

24 Zip

29 Zip

25 Country

30 Country

USA

USA

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

10. Name and Address of New Registered Agent

LENZA, JOSE L
14980 S.W. 43RD STREET
MIAMI FL 33185

81 Name

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

83

84 City

FL

85 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 new agent (if applicable)

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
President	Mirta L. Pereda	4631 SW 156 PL	Miami, FL 33185	<input type="checkbox"/>
Vice President	Juan M. Segovia Jr.	9240 SW 149 PL	Miami, FL 33196	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	2.4 CITY - ST - ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
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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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)