...COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
...OUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000078866 (7)

1. Corporation Name

PICNIC BASKET, INC.

Principal Place of Business
7803 N.E. BAYSHORE CT., UNIT TWO
MIAMI FL

Mailing Address
7803 N.E. BAYSHORE CT., UNIT TWO
MIAMI FL

3. Date Incorporated or Qualified: 10/10/1995
3a. Date of Last Report: -0-
4. FEI Number: 650637945 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ NA — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ NA — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 1677 NW 79th Ave
Suite, Apt #, etc
22
City & State
23 Miami FL
Zip
24 33126
Country
25 USA

2a. Mailing Address
26 1677 NW 79th Ave
Suite, Apt #, etc
27
City & State
28 Miami FL
Zip
29 33126
Country
30 USA

9. **Name and Address of Current Registered Agent**

BRADSHAW LOTSPEICH, P.A.
950 SOUTH MIAMI AVE.
MIAMI FL 33130-4121

10. **Name and Address of New Registered Agent**

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	RUBEO, VINCENT	
STREET ADDRESS	7803 N.E. BAYSHORE CT., UNIT TWO	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	RUBEO, MARIO	
STREET ADDRESS	7803 N.E. BAYSHORE CT., UNIT TWO	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	RUBEO, JACQUELINE	
STREET ADDRESS	7803 N.E. BAYSHORE CT., UNIT TWO	
CITY-ST-ZIP	MIAMI 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	400001919384	☐ Change ☐ Addition
1.2 NAME	-08/12/96--01048--008	
1.3 STREET ADDRESS	***225.00	
1.4 CITY-ST-ZIP		
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	Thomas, Jacqueline	
3.3 STREET ADDRESS	580 NE 69th St 8K	
3.4 CITY-ST-ZIP	Miami FL 33138	
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	8/12	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jacqueline Thomas — August 3, 96 — 305-599-7333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR