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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000021860

1. Corporation Name
BASILIA, INC.



Principal Place of Business: 1537 HOLLYWOOD BLVD. HOLLYWOOD FL 33020
 Mailing Address: 1537 HOLLYWOOD BLVD. HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/07/1996**

4. FEI Number: **65-0648320** 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 owes the current year intangible Personal Property Tax: Yes No

2. Principal Place of Business: **1253 Rodman St.** Suite, Apt. #, etc.:
 2a. Mailing Address: **1253 Rodman St.** Suite, Apt. #, etc.:
 22. City & State: **Hollywood, FL.** City & State: **Hollywood FL.**
 23. Zip: **33019** Country: Zip: **33019** Country: **30**

9. Name and Address of Current Registered Agent: **GEORGANAS, DEMETRIOS 1537 HOLLYWOOD BLVD. HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent:
 81 Name: **GEORGANAS, DEMETRIOS**
 82 Street Address (P.O. Box Number is Not Acceptable): **1253 RODMAN ST.**
 83
 84 City: **Hollywood** FL 85 Zip Code: **33019**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD NAME: GEORGANAS, DEMETRIOS STREET ADDRESS: 1537 HOLLYWOOD BLVD. CITY-ST-ZIP: HOLLYWOOD FL 33020	<input type="checkbox"/> DELETE	1.1 TITLE: PSD 1.2 NAME: GEORGANAS, DEMETRIOS 1.3 STREET ADDRESS: 1253 RODMAN STREET 1.4 CITY-ST-ZIP: HOLLYWOOD, FL. 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTD NAME: GEORGANAS, SOPHIA STREET ADDRESS: 1537 HOLLYWOOD BLVD. CITY-ST-ZIP: HOLLYWOOD FL 33020	<input type="checkbox"/> DELETE	2.1 TITLE: VTD 2.2 NAME: GEORGANAS, SOPHIA 2.3 STREET ADDRESS: 1253 RODMAN STREET 2.4 CITY-ST-ZIP: HOLLYWOOD, FL. 33019	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 3/18/99 (954) 920-0779
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)