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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 05 1998 8:00am Secretary of State

1998 DOCUMENT # P96000049354 (9) BASIN RESEARCH AND INFORMATION NETWORK, INC. Principal Place of Business Mailing Address 11650 NF 21 DRIVE 11650 NE 21 DRIVE NORTH MIAMI FL 33181 NORTH MIAMI FL 33181 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0672655 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intargible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ZARETSKY, NANCY 11650 NE 21 DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI FL 33181 83 84 City 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. J 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE ZARETSKY, NANCY NAME 1.2 NAME CR2E034 11650 NE 21 DRIVE STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI FL 33181 1.4 CITY - ST - ZIP CITY - ST - ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP 1 Change DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITT F 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 on or an attachment with an address.

SIGNATURE:

SIGNATURE:

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