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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9700030350

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90001 035 ***150.00

BASANT	A, INC									
Principal Place	of Business	Mailing Address				91 110 16111 10011 8011 4 0	## ## ################################		ISTOL BISTI BOLL FOOT	
10469 S.W. 23R	RD TERRACE	10469 S.W. 23RD TERRAC	CE							
		MIAMI FL 33165				DO NOT MO	TE IN TUIC	CDACE		
					2 Data Incom	DO NOT WRI	IEIN IHIS	SPACE		٦
					04/03/19					
	ace of Business	2a. Mailing Address			4. FEI Numbe				Applied For	1
21 10469	SW 23 Ter.	26 10469 51	<u>w 2</u>	3 Ter	65-07412	<u> 286 </u>			Not Applicable	4
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate o	f Status Desired			5 Additional	
		27				_			Required	-
City & State	1 mm 1	City & State	FL			mpaign Financing			0 May Be	
23 MIAM		28 MIAMI		ntn/		Contribution .			ed to Fees	1
□ Zip □ つる//	Country USA	^{Zip} 33165	Cou	USA		ation owes the curr	ent year inte	angible ∐Yes	AD No	
24 3316	9. Name and Address of Current		30	<u> </u>	Personal Pr	Address of New F	Registered A		- 1	1
	s. Name and Address of Current	Kegistered Agent		81 Name	IV. Ivanie and	Addition of flow /	togictor ou r			1
AME	RILAWYER CHARTERED			<u>i</u>						4
	ALMERIA AVENUE	•		82 Street	Address (P.O. Box Nur	nber is Not Accept	able)			
COR	AL GABLES FL 33134			83		_				1
				84 City			FL	85 2	ip Code	4
11 Pursuant	to the provisions of Sections 607 0502	2 and 607 1508 Florida Statu	ites the a	bove-named	corporation submits thi	s statement for the	purpose of	changing	its registered	1
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was a close of, Section 607.0505, Florida.	authorized orida Stati	t by the corpoutes.	oration's board of direct	s statement for the lors. I hereby acce	ot the appoil	changing ntment as	its registered registered	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR