FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

P97000063624 (5)

BASIC GROUP INC.

<u>.</u>					
Principal Place	of Business	Mailing Address			
168 SE 1ST ST MIAMI FL 33131	reet suite 1102 I	168 SE 1ST STREI MIAMI FL 33131	et suite 1102		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 07/23/1997
2. Principal Place of Business		2a. Mailing Addres 26	2a. Mailing Address 26		4. FEI Number Applied Fo
Suite, Apt. #, etc.		Suite, Apt. #, et	Suitc, Apt. #, etc.		5. Certificate of Status Desired S8.75 Addition Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	Countr 30	у	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
	NA, PAULO C	20	61		
	SE 1ST STREET SUITE 110 AIFL 33131	J2	82	Street A	Address (P.O. Box Number is Not Acceptable)
			83		
			84	City	FL 85 Zip Code
11. Pursuant to office or rec	the provisions of Sections 607 gistered agent, or both, in the S	.0502 and 607.1508, Florida State of Florida, Such change	Statutes, the above was authorized b	re-named y the corp	corporation submits this statement for the purpose of changing its register coration's board of directors. I hereby accept the appointment as register

agent I a	m familiar with, and accept the obligations of, Sc		ida Statutes.	
SIGNATURE	Signature, typed or profed name of registered agent and life if app	1000 17	Registered Agent signature r	repulsed when reinstalized DATE
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOTTINO, MARCELLO J		1 2 NAME	
STREET ADDRESS	\$100 COLLINS AVE #1204		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140		14 CITY - ST - ZIP	
TITLE	D	☐ DELETE	21 1ITLE	Change Addition
NAME	MANNA, PAULO C		2 2 NAME	
STREET ADDRESS	1247 WEST AVE #3		2 3 STREE1 ADDRESS	
CITY-ST-ZIP	<u>MI</u> AMI FL 33139		2. 4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREE1 ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP	
TITLE	_	DELETE	5.1 THTLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY- ST-7IP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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.

FILED

Apr 29 1998 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees