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 P97000079921 (7)

BASQUE ENTERPRISES, INC.

Principal Place	o of Purinces	Mailing Address			
'		•			
520 BRICKELL KEY DRIVE O-305		520 BRICKELL KEY DRIVE 0-305			
MIAMI FL 33131		MIAMI FL 33131		DO NOT WRITE IN THIS SPACE	
1				3. Date Incorporated or Qualified	
9. Principal P	lace of Business	2a, Mailing Address		09/16/1997 4. FEI Number	Applied For
21	and or seemes	26		(5-0786014	Not Applicable
Suite, Apt.	#, e lc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stati	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Commen		Country	Trust Fund Contribution	Added to Fees
Zip 24	Country 25		country 30	 This corporation owes or has paid the or Personal Property Tax due June 30. 	urrent year Intangible Yes No
[24]	9. Name and Address of Curre			10. Name and Address of New Registere	
FRI	EEMAN, STEPHEN A		81 Name		
520 BRICKELL KEY DRIVE		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
0.3			Sliver Add	ress (1.0. Box Number is Not Acceptable)	
	AMI FL 33131		83		
1			84 City		85 Zip Code
				poration submits this statement for the purpose	
office or r agent. I a SIGNATURE	ogistered agent, or both, in the State of familiar with, and accept the oblig sprature, typed or princed name of reported as	e of Florida, Such change was augations of, Section 607,0505, Flor	thorized by the corporal ida Statutes. Registered Agent signature requi	tion's board of directors. I hereby accept the ap	opointment as registered
12.	D OFFICERS AN	ND DIRECTORS DELETE	13.	resident, Secretary	Change Addition
NAME	RUBIO, JORGE	C ptttir	1.2 NAME	lesident/beercoary	C cliende E3 vocition
STREET ADDRESS	15881 S.W. 79TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33193		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DFLETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-SI-ZIP 4.1 TITLE		Change Addition
NAME		L. Dilli	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELET E	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			6.2 NAME		ļ.

SIGNATURE:

STREET ADDRESS

63 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 the end accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted employered 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 a address.

(305)477 9338

FILED

Apr 30 1998 8:00am

Secretary of State