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

FILED PROFIT Feb 24 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # BASIC ONE, CORP. Principal Place of Business Mailing Address 7819 NW 15TH ST 7819 NW 15TH ST MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 9574 NW 41 9574 NW 21 26 ST 65-0252647 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional W 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAMI MIAMI 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24331 33178 USA USA Personal Property Tax due June 30. ☐ Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JACQUELINE CAVALCANTI, JACQUELINE LAVALCANTI 7819 NW 15TH ST Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33126** 83 MIAMI 84 Zip Code 33178 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) Signature, typod or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PSD** DELETE ___ Change Addition TITLE 1.1 TITLE CAVALCANTI, JACQUELINE 1.2 NAME NAME 4595 ALTON RD STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 THILE Addition FERREIRA. SERGIO NAME **2.2 NAME** 4596 ALTON RD STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change 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 TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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 of 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

☐ Change

___ Addition

DELETE

TITLE

NAME

STREET ADDRESS

2/16/98 2006070002