

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

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V22447 (9)**
1. Corporation Name
GUILIAN BASS, INC.

Principal Place of Business
890 SW 88 TERRACE
PLANTATION FL 33324
990 SOUTH ROGERS CIRCLE SUITE # 5
BOCA RATON FL 33487

Mailing Address
890 SW 88 TERRACE
PLANTATION FL 33324
990 SOUTH ROGERS CIRCLE
SUITE # 5
BOCA RATON FL 33487

FILED

98 NOV -2 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0386031		Not Applicable	
22		27		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

3. Date Incorporated or Qualified
03/19/1992

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HURST, BETH % SANTOS ASSOCIATES 4641 S. UNIVERSITY DRIVE DAVIE FL 33328				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) C/O Santos Associates 83 84 City FL 85 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Beth Hurst* DATE: **10/31**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SILVA, LUIZ F	1.2 NAME	
STREET ADDRESS	16485 COLLINS AVE #931	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SILVA, ROSANA S	2.2 NAME	
STREET ADDRESS	16485 COLLINS AVE #931	2.3 STREET ADDRESS	200002682222-9
CITY-ST-ZIP	N. MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP	-11/06/98-01066-009
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	****750.00 ****750.00
NAME	S MARKHAM, TERRY	3.2 NAME	
STREET ADDRESS	890 SW 88 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 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, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED **10/20** **954-434-1040**

CR2E094 (10/97)