

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H03738

(2)

1. Corporation Name

BATAN MIAMI CORP.

Principal Place of Business

**C/O PACIFIC RE MGMT CORP/ 2490 CORAL WAY
#403
MIAMI FL 33145
US**

Mailing Address

**C/O PACIFIC RE MGMT CORP/2490 CORAL WAY
#403
MIAMI FL 33145
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1984

3a. Date of Last Report

04/26/1994

4. FEI Number

13-3227527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURAI,WALD,BIONDO,MATTHEWS & MORENO, PA
25 S.E. SECOND AVENUE, SUITE #900
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	SCHULTHEIS, THEODORE
STREET ADDRESS	422 EAST 58 STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	DVP
NAME	ISAIAS, ROBERTO
STREET ADDRESS	422 EAST 58TH STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	DT
NAME	ISAIAS, WILLIAM
STREET ADDRESS	422 EAST 58 STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	DS
NAME	ISAIAS, EMILIO
STREET ADDRESS	422 EAST 58TH ST.
CITY - ST - ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Theodore Schulteis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE SCHULTHEIS

2/13/95

30589-9811