

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K57507 (1)**

1. Corporation Name
ALPHA BATTERIES & CHARGES CORP.



Principal Place of Business Mailing Address
**% ANGEL J. PALACIO
12105 S.W. 131ST AVE
MIAMI FL 33186**

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 County 29 County 30

3. Date Incorporated or Qualified **01/11/1989** 3a. Date of Last Report **04/07/1995**
4. FEI Number **65-0212574** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PALACIO, ANGEL J.
12105 S.W. 131ST AVE
MIAMI FL**

10. Name and Address of New Registered Agent
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 677.0500 and 677.1070, 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. Said change was authorized by the corporation's board of directors. They do accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 677.0500, Florida Statutes.

SIGNATURE		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	12 NAME	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALACIO, ANGEL J.	NAME	12 NAME	13. STREET ADDRESS	
STREET ADDRESS	12105 S.W. 131ST AVE	STREET ADDRESS	12 STREET ADDRESS	13. CITY-STATE-ZIP	
CITY-STATE-ZIP	MIAMI FL	CITY-STATE-ZIP	12 CITY-STATE-ZIP	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	TITLE	12 NAME	13. NAME	
NAME	PALACIO, EMILIO A.	NAME	12 NAME	13. STREET ADDRESS	
STREET ADDRESS	12105 S.W. 131ST AVE	STREET ADDRESS	12 STREET ADDRESS	13. CITY-STATE-ZIP	
CITY-STATE-ZIP	MIAMI FL	CITY-STATE-ZIP	12 CITY-STATE-ZIP	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	TITLE	12 NAME	13. NAME	
NAME	PALACIO, GLORIA H.	NAME	12 NAME	13. STREET ADDRESS	
STREET ADDRESS	12105 S.W. 131ST AVE	STREET ADDRESS	12 STREET ADDRESS	13. CITY-STATE-ZIP	
CITY-STATE-ZIP	MIAMI FL	CITY-STATE-ZIP	12 CITY-STATE-ZIP	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	TITLE	12 NAME	13. NAME	
NAME	SANTA ANA, GLORIA M.	NAME	12 NAME	13. STREET ADDRESS	
STREET ADDRESS	12105 S.W. 131ST AVE	STREET ADDRESS	12 STREET ADDRESS	13. CITY-STATE-ZIP	
CITY-STATE-ZIP	MIAMI FL	CITY-STATE-ZIP	12 CITY-STATE-ZIP	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	12 NAME	13. NAME	
NAME		NAME	12 NAME	13. STREET ADDRESS	
STREET ADDRESS		STREET ADDRESS	12 STREET ADDRESS	13. CITY-STATE-ZIP	
CITY-STATE-ZIP		CITY-STATE-ZIP	12 CITY-STATE-ZIP	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	12 NAME	13. STREET ADDRESS	
STREET ADDRESS		STREET ADDRESS	12 STREET ADDRESS	13. CITY-STATE-ZIP	
CITY-STATE-ZIP		CITY-STATE-ZIP	12 CITY-STATE-ZIP	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information is a true and correct copy of the information furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true, and a certificate of my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the registered or beneficial owner of 1% or more of the corporation's common stock as provided by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an officer's or director's address.

SIGNATURE: *Angel J. Palacio* Angel J. Palacio 4/5/96 2889220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date in Parenthesis

CR2E034 (12/95)