CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 AUG 15 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

BATTERSEA CORPORATION

DOCUMENT # L63111

Mailing Address	Principal Place of Business
c/o Albert D. Quentel 1221 Brickell Ave. 24th Floor Miami, FL 33131	c/o Albert D. Quentel 1221 Brickell Ave. 24th Floor Miami, FL 33131

If above addresses are incorrect in any way, list them at the time of this report and enter corrections below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 04/06/1990

3a. Date of Last Report: 04/06/1996

4. FEI Number: 65-0183089 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

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

9. Name and Address of Current Registered Agent

QUENTEL, ALBERT D.
1221 BRICKELL AVE.
24TH FLOOR
MIAMI, FL 33131

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 607.0505 and 607.1508 or Sections 617.0502 and 617.1508, 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 I accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	DPT	
12 NAME	PERELMAN, JEAN C.	
13 STREET ADDRESS	~~3570 BATTERSEA ROAD~~	3523 N. BAYHOMES DRIVE
14 CITY-ST-ZIP	~~MIAMI, FL~~	MIAMI, FL 33133
21 TITLE	S	
22 NAME	PERELMAN, NICOLE	
23 STREET ADDRESS	~~3570 BATTERSEA RD~~	3523 N. BAYHOMES DRIVE
24 CITY-ST-ZIP	~~MIAMI, FL~~	MIAMI, FL 33133
31 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		500001922985
42 NAME		-08/15/96--01038--004
43 STREET ADDRESS		****225.00 ****225.00
44 CITY-ST-ZIP		
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

15SD 8/15/96

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 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for its compliance with Section 119.07(3)(i), in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this 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 have fulfilled all obligations concerning franchise and property, imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean C. Perelman 8/13/96 (305) 665-5285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #