2003 NOT-FOR-PROFIT CORPORATION

		T-FOR-PRO	FILED Jan 24, 2003 8:00 am							
DOCUMENT # N9600000553 1. Entity Name						Secretary of State 01-24-2003 90104 003 ****61.25				
BATTLE A	XE BRIGA	ADE, INC.								
Principal Place 7790 S.W. 127 MIAMI FL 3315	TH STREET)	Mailing Address 7790 S.W. 127TH STREET MIAMI FL 33156	790 S.W. 127TH STREET			JIO 2011 ACH ACH ODH ACH OOK	18:11 2 /(8) 1	16 20 (161) (123)	
2. Principal F	3. Mailing Address Suite, Apt. #, etc.	Ame as above			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State	City & State		INOT ALL EIGABLE		oplied For ot Applicable]	
Zip	Zip Country		Zip		intry	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name	and Address of Current					ress of New Registered A			1
HOOPER, LARRY K						P.O. Box Number is N	lot Acceptable)	<u> </u>	-	
	W. 177TH A EAD FL 330			ĺ			· · · · · · · · · · · · · · · · · · ·			
					City		FL	Zip Cod	e	1
	tions of regist	ered agent.	r the purpose of changing its	registere	ed office or register	ed agent, or both, in t	the State of Florida. I am fai	niliar with,	and accept	
•	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature required	when reinstating)	DATE			
FILE NUME FEE 35 April25							\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.		OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	CTORS IN	10	_ ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ι	127TH STREET	☐ Delete		' 1		,	Change	☐ Addition ·	R2F037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL: PS BUKER, DI 7790 S.W. MIAMI FL:	ANE 127TH STREET	☐ Delete .	TITLE NAMI STRE			(Change	Addition	CR2F
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	on, frank Ria drive			المراجع المحموسيون	ور کے میں میں میں اور	7 1. S 1. STANDER 1. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ball, Jer 899 Perti Troutma							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCPHERS 3301 RIVE KEY WEST				ì			Change	Addition	

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG