

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000016257 (4)

1. Corporation Name  
**1 BATTLE CORP.**



Principal Place of Business: ~~100 S.E. SECOND STREET 17TH FLOOR MIAMI FL 33131~~  
Mailing Address: ~~100 S.E. SECOND STREET 17TH FLOOR MIAMI FL 33131~~

3. Date Incorporated or Qualified: **02/28/1995**  
3a. Date of Last Report:  
4. FEI Number: **65-0560965**  
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

2. Principal Place of Business  
21 **1221 Brickell Ave.**  
22 Suite Apt. #, etc: **Suite 1890**  
23 City & State: **Miami, FL**  
24 Zip: **33131** 25 Country: **USA**  
2a. Mailing Address  
26 **151 Majorca Ave.**  
27 Suite Apt. #, etc: **Suite C**  
28 City & State: **Coral Gables, FL**  
29 Zip: **33134** 30 Country: **USA**

9. Name and Address of Current Registered Agent  
~~FRANCIS MONTANA  
100 S.E. SECOND STREET  
MIAMI FL 33131~~

10. Name and Address of New Registered Agent  
81 Name: **Gabriel Prats**  
82 Street Address (P.O. Box Number is Not Acceptable): **151 Majorca Avenue, # C**  
83  
84 City: **Coral Gables, FL** 85 Zip Code: **33134**

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 607.0506, Florida Statutes.

SIGNATURE: **6-12-96**  
Date

12. OFFICERS AND DIRECTORS

TITLE	<b>PRES / TREASURER / DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>PETER WEI</b>
STREET ADDRESS	<b>1221 Brickell Avenue, # 1890</b>
CITY - ST - ZIP	<b>Miami, FL 33131</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 attachment with an address.

SIGNATURE: **PETER WEI 6/25/96 (305) 373-7311**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)