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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000002655 (4)

1. Corporation Name
BATTERSBX, INC.



Principal Place of Business: **19 WEST FLAGLER STREET, SUITE 416 MIAMI FL 33130**
 Mailing Address: **19 WEST FLAGLER STREET, SUITE 416 MIAMI FL 33130-4404**

3. Date Incorporated or Qualified: **01/09/1996** 3a. Date of Last Report
 4. FEI Number: **65-0631957** 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

2. Principal Place of Business: **9069 Taft St.** 2a. Mailing Address
 21. Subst. Apt. #: **000** 26. Suite, Apt. #, etc.
 22. City & State: **Pembroke Pines FL** 27. City & State
 23. Zip: **33024** Country: **USA** 28. Zip Country
 24. 25. 29. 30.

9. Name and Address of Current Registered Agent
METSCH, BENJAMIN R
19 WEST FLAGLER STREET, SUITE 416
MIAMI FL 33130

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 607.0502 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: _____ (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS
 TITLE: **D** DELETE
 NAME: **TEVINI, HELMUT R**
 STREET ADDRESS: **1260 N.E. 83RD STREET**
 CITY-ST-ZIP: **MIAMI FL 33138**
 TITLE: **D** DELETE
 NAME: **TEVINI, LYDIA L**
 STREET ADDRESS: **1260 N.E. 83RD STREET**
 CITY-ST-ZIP: **MIAMI FL 33138**
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

SIGNATURE: **X** *Helmuth Tevini* **3/17/97** **954-435-9003**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)