FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000016257 (4)**

1. Corporation Name

1 BATTLE CORP.

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

3. Date Incorporated or Qualified: 02/28/1995 | 3a. Date of Last Report:

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

4. FEI Number: 65-0560965 ☐ 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

~~[redacted]~~

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, this 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: [signature] 6-12-96
Signature, typed or printed name of individual with authority to sign (Note: Registered Agent's signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRES/TREASURER/DIRECTOR ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PETER WEI	1.2 NAME	
STREET ADDRESS	1221 Brickell Avenue, #1890	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33131	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 on an attachment with an address.

SIGNATURE: [signature] PETER WEI 6/25/96 (305) 373-7311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)