FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H28648 (4)

1. Corporation Name
BATTAGLIA III, INC.

Principal Place of Business	Mailing Address
7284 NW 54TH ST MIAMI FL 33166	7284 NW 54TH ST MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 8888 Howard Drive	26 360 Miracle Mile
Suite, Apt #, etc 22 Miami Fla.	Suite, Apt #, etc 27 Coral Gabl
City & State 23	City & State 28 Fla
Zip 24 33176 Country 25 USA	Zip 29 33134 Country 30 USA.

3. Date Incorporated or Qualified: 11/01/1984
3a. Date of Last Report: 04/28/1994
4. FEI Number: NOT APPLICABLE ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

HANNA, PAUL
7284 NW 54 ST.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: Paul Hanna
82 Street Address (P.O. Box Number is Not Acceptable): 360 Miracle Mile
83 Coral Gabl
84 City: 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	PD Paul Hanna ☐ Change ☐ Addition
NAME	HANNA, PAUL	~~7284~~ 360 Miracle Mile
STREET ADDRESS	7284 NW 54 ST.	Coral Gabl Fla 33134.
CITY-ST-ZIP	MIAMI FL	
TITLE	~~ST~~	☐ Change ☐ Addition
NAME	~~HANNA, MICHAEL~~	
STREET ADDRESS	~~7284 NW 54 ST.~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	D	D ☐ Change ☐ Addition
NAME	HANNA, CHARLOTTE	Charlotte Hanna
STREET ADDRESS	7284 NW 54 STREET	360 Miracle Mile
CITY-ST-ZIP	MIAMI FL	Coral Gabl Fla. 33134
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: ______ 4.29.95 1-305-461-1193

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

0190403 CP