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 # **K78368** **(3)**

1. Corporation Name

BATTERIES RECOVERY SERVICES, INC.

Principal Place of Business
9140 NW S. RIVER DR.
MEDLEY FL 33179
US

Mailing Address
C/O MILTON KLEIN
9140 NW SOUTH RIVER
MEDLEY FL 33179
US

3. Date Incorporated or Qualified: **04/06/1989**
3a. Date of Last Report: **08/21/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **65-0132178** 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

MOURA, EDSON V
9140 NW S. RIVER DR.
MEDLEY FL 33301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature is required for new, or for resignation

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MOURA, EDSON M.	
STREET ADDRESS	9140 N.W. SOUTH RIVER DR.	
CITY-ST-ZIP	MEDLEY FL	
TITLE	DVP	☐ DELETE
NAME	MOURA, MARIA DA CONCEICA	
STREET ADDRESS	9140 N.W. SOUTH RIVER DR.	
CITY-ST-ZIP	MEDLEY FL	
TITLE	DT	☐ DELETE
NAME	MOURA, PEDRO IVO V.	
STREET ADDRESS	9140 N.W. SOUTH RIVER DR.	
CITY-ST-ZIP	MEDLEY FL	
TITLE	DS	☐ DELETE
NAME	MOURA, EDSON V.	
STREET ADDRESS	9140 N.W. SOUTH RIVER DR.	
CITY-ST-ZIP	MEDLEY FL	
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	700001774629	☐ Change ☐ Addition
4.2 NAME	-04/10/96--01005--012	
4.3 STREET ADDRESS	***200.00	
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 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 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: _____ 3/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #
EDSON VIANA MOURA - SECRETARY

CR2E034 (12/95)

RM 4-9-96