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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

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

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's signature is required for next year's filing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MOURA, EDSON M.		12 NAME	
STREET ADDRESS	9140 N.W. SOUTH RIVER DR.		13 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL		14 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	MOURA, MARIA DA CONCEICA		22 NAME	
STREET ADDRESS	9140 N.W. SOUTH RIVER DR.		23 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL		24 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	MOURA, PEDRO IVO V.		32 NAME	
STREET ADDRESS	9140 N.W. SOUTH RIVER DR.		33 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL		34 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	MOURA, EDSON V.		42 NAME	
STREET ADDRESS	9140 N.W. SOUTH RIVER DR.		43 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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: _____ 3/22/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

EDSON VIANA MOURA - SECRETARY

Daytime Phone #

4-9-96