FILE NOW: FILING FEE A[illegible]

CORPORATION ANNUAL REPORT

1994 1998

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08 1998 8:00am
Secretary of State

1. Corporation Name

BATISTA DEVELOPMENT, INC.

DOCUMENT # M37334

Mailing Address	Principal Place of Business
13903 SW 27TH TERRACE MIAMI FL 33175 8095 W 21 LANE HIALEAH, FL 33016	13903 SW 27TH TERRACE MIAMI FL 33175 8095 W 21 LANE HIALEAH FL 33016

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 08/26/1986
3a. Date of Last Report: 07/27/1993
4. FEI Number: 59-2727433 (Applied / Not Ap)
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐
6. Electr[illegible] Financing Trust Fund Contribut[illegible]: $5.00 May Added to Fe
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.0 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BATISTA, JULIO C. 13571 SW 40TH LANE MIAMI FL 33175	81 Name: JULIO C BATISTA 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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

(Required) Agent Accepting Appointment. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	11 TITLE	
12 NAME	BATISTA JULIO C	12 NAME	
13 STREET ADDRESS	13903 SW 27TH TERRACE	13 STREET ADDRESS	
14 CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
21 TITLE	V	21 TITLE	
22 NAME	BATISTA JULIO G	22 NAME	
23 STREET ADDRESS	13571 SW 40TH LANE	23 STREET ADDRESS	
24 CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
31 TITLE	S/T	31 TITLE	
32 NAME	TRASOBARES DELIO	32 NAME	
33 STREET ADDRESS	~~13351 SW 256TH TERRACE~~ 3594 SW-143 CT	33 STREET ADDRESS	3594 SW-143 CT
34 CITY-ST-ZIP	MIAMI FL 33175	34 CITY-ST-ZIP	MIAMI-FL - 33175
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	5.8
61 TITLE		61 TITLE	600002520356
62 NAME		62 NAME	-05/12/98--01055--006
63 STREET ADDRESS	OK 8207 lap	63 STREET ADDRESS	***158.75
64 CITY-ST-ZIP		64 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. Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I furt 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 unc that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; that I am an officer or director of the corporation or the receiver empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an a with an address.

SIGNATURE: _____ 4/29/98 305-362-7277

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