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 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000038866 (7)

1. Corporation Name
BATTAGLIA OF MIRACLE MILE, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0492071 ☐ Applied For ☐ Not Applicable
21 360 Miracle Mile	26 360 Miracle Mile	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
22 Coral	27	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
23 Coral Gables	28 Coral Gables Fla.	
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No
24 Fla 33134 / 25 USA	29 33134 / 30 USA	

9. Name and Address of Current Registered Agent

ZACCA, WADIE A
192 MINORCA AVE
CORAL GABLES FL 33134

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 Gables
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PDT ☐ Change ☐ Addition
NAME	HANNA, PAUL	12 NAME	Paul Hanna
STREET ADDRESS	7284 NW 54 ST	13 STREET ADDRESS	360 Miracle Mile
CITY-ST-ZIP	MIAMI FL 33166	14 CITY-ST-ZIP	Coral Gables Fla. 33134
TITLE	SD	21 TITLE	SD ☐ Change ☐ Addition
NAME	HANNA, CHARLOTTE	22 NAME	Charlotte Hanna
STREET ADDRESS	7284 NW 54 ST	23 STREET ADDRESS	360 Miracle Mile
CITY-ST-ZIP	MIAMI FL 33166	24 CITY-ST-ZIP	Coral Gables Fla 33134.
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1
STREET ADDRESS		63 STREET ADDRESS	Deposited by Bank
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. 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 305461-1123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0180470 CP