FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

P96000068170 (5)

BATCHDIE INC.

5							
Principal Place of Business Mailing Address							
	HEAST 22ND COURT		9921 NORTHEAST 221	AD CONE	RT		
MIAMI FL 33160			MIAMI FL 33180				DO NOT WRITE IN THIS SPACE
Ì							3. Date Incorporated or Qualified
							08/06/1996
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21		26	26				65-0695950 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Contificate of Status Degised
22			27				Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23			Zip Country				Trust Fund Contribution
Zip Country		==1	h - 1			,	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curr	29	tered Ament	30	· T		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		Ditt ittigre	torda rigorit		81	Nam	Name
	RNES, BENJAMIN B	+			L		
	921 NORTHEAST 22ND COUR	ı			82 Street Add		Street Address (P.O. Box Number is Not Acceptable)
MI	AMI FL 33180				83	_	
[
İ					84	City	City FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 6	07.1508 Florida Statu	ites the	abovi	i e-name	
office or r	egistered agent, or both, in the Sta	te of Florid	da Such change was	authori	zed by	the g	amen corporation submits this statement for the purpose of changing its registered to corporation's board of directors. I hereby accept the appointment as registered
	BOUGHIN B.	RAPI	NES RA	IONGA S	เสเนเยร	s. /4	2/18/98.
SIGNATURE	Signature, typed or provided name of registered a			OIL Registr	ered Age	ent side a	DATE
12.	OFFICERS A			1		Z	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1	HILE		Change Addition
NAME	PARNES, BENJAMIN B			1.3	2 NAME		
STREET ADDRESS	19921 NORTHEAST 22ND (COURT		1.3	3 STREET	ADDRES	DRESS
CITY-ST-ZIP	MIAMI FL 33180			1.4	4 CITY-S	ST-ZIP	IP
TITLE			DELETE	2.1	TITLE		Change Addition
NAME				2.2	2 NAME		
STREET ADDRESS				2.3	3 STREET	ADDRES	
CITY-ST-ZIP				2.	4 CITY-S	ST-ZIP	ZIP
TITLE			☐ DELETE	3.1	TITLE		☐ Change ☐ Addition
NAME				3.2	2 NAME		
STREET ADDRESS				3.3	STREET	ADDRES	PRESS
CITY-ST-ZIP					4. CITY-S	ST-ZIP	
TITLE			DELETE	41	1 TITLE		☐ Change ☐ Addition
NAME				4	2 NAME		
STREET ADDRESS				4.3	STREET	ADDRES	PRESS
CITY-ST-ZIP					CITY-S	T-ZIP	
TITLE			DELETE		1 TITLE		Change Addition
NAME					2 NAME		
STREET ADDRESS				5.3	STREET	ADDRES	PRESS
CITY-ST-ZIP					CITY-S	T-ZIP	**************************************
TITLE	•		DELFTE		TITLE		Change Addition
NAME					2 NAME		1
STREET ADDRESS				6.3	STREET	ADDRES	PRESS

SIGNATURE

14. Thereby certify that the information supplied with this filling 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 around 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 13 if chapter 607 or on an attachment with an address.

FILED

Feb 27 1998 8:00am

Secretary of State