**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 # **S91303** **(5)**

1. Corporation Name

**BATELLE U.S.A., INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1001 S BAYSHORE DR<br>STE 1906<br>MIAMI FL 33131<br>US | 1001 S BAYSHORE DR<br>STE 1906<br>MIAMI FL 33131<br>US |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1001 S. Bayshore Dr. | 26 1001 S. Bayshore Dr. |
| Suite, Apt. # etc.<br>22 Suite # 1910 | Suite, Apt. # etc.<br>27 Suite # 1910 |
| City & State<br>23 Miami, FL | City & State<br>28 Miami, FL |
| Zip 24 33131 Country 25 U.S.A. | Zip 29 33131 Country 30 U.S.A. |

3. Date Incorporated or Qualified: **10/31/1991**

3a. Date of Last Report: **06/27/1995**

4. FEI Number: **65-0299112** ☐ 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

**PINE FINANCIAL SERVICES**
**1001 S BAYSHORE DR**
**SUITE 2410**
**MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name: Pine Financial Services (same)
82 Street Address (P.O. Box Number is Not Acceptable): 1001 S. Bayshore Dr.
83 Suite # 1910
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 1 TITLE: PVSD | ☐ DELETE | 1 1 TITLE | ☐ Change ☐ Addition |
| 1 NAME: PINHEIRO, NOBERTO | | 1 2 NAME | |
| 1 STREET ADDRESS: 1001 S BAYSHORE DR STE 1906 | | 1 3 STREET ADDRESS | |
| 1 CITY-ST-ZIP: MIAMI FL | | 1 4 CITY-ST-ZIP | |
| 2 TITLE: M | ☐ DELETE | 2 1 TITLE | ☐ Change ☐ Addition |
| 2 NAME: PINHEIRO, MARCIA PONTE | | 2 2 NAME | |
| 2 STREET ADDRESS: 1001 S BAYSHORE DR STE 1906 | | 2 3 STREET ADDRESS | |
| 2 CITY-ST-ZIP: MIAMI FL | | 2 4 CITY-ST-ZIP | |
| 3 TITLE | ☐ DELETE | 3 1 TITLE | ☐ Change ☐ Addition |
| 3 NAME | | 3 2 NAME | |
| 3 STREET ADDRESS | | 3 3 STREET ADDRESS | |
| 3 CITY-ST-ZIP | | 3 4 CITY-ST-ZIP | |
| 4 TITLE | ☐ DELETE | 4 1 TITLE | ☐ Change ☐ Addition |
| 4 NAME | | 4 2 NAME | |
| 4 STREET ADDRESS | | 4 3 STREET ADDRESS | |
| 4 CITY-ST-ZIP | | 4 4 CITY-ST-ZIP | |
| 5 TITLE | ☐ DELETE | 5 1 TITLE | ☐ Change ☐ Addition |
| 5 NAME | | 5 2 NAME | |
| 5 STREET ADDRESS | | 5 3 STREET ADDRESS | |
| 5 CITY-ST-ZIP | | 5 4 CITY-ST-ZIP | |
| 6 TITLE | ☐ DELETE | 6 1 TITLE | ☐ Change ☐ Addition |
| 6 NAME | | 6 2 NAME | |
| 6 STREET ADDRESS | | 6 3 STREET ADDRESS | |
| 6 CITY-ST-ZIP | | 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)(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 added on an attachment with an address.

**SIGNATURE:** Marcia P. Pinheiro **1/25/96** (305)577-8991

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

CR2E034 (12/95)