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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P93000018820

1. Corporation Name

Cool Air Industries Inc.

Principal Place of Business

Mailing Address

**4801 S University Drive
Suite 268
Ft. Lauderdale, Fl 33328**

800001445068

-03/31/95--01038--010

*****200.00 ***200.00**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

March 9, 1993

Feb. 9, 1994

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21 **4801 S. University Dr**

26 **same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **268**

27

City & State

City & State

23 **Ft. Lauderdale, Fl**

28

Zip

Country

Zip

Country

24 **33328**

25 **Broward**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

James L. Cruz

**3511 W Commercial Blvd
Ft. Lauderdale, Fl 33309**

81 Name

William D'Avanzo

82 Street Address (P.O. Box Number is Not Acceptable)

4801 S University Drive

83

Suite 268

84 City

Ft. Lauderdale,

FL

85 Zip Code
33328

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

William D'Avanzo

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

3-22-95

12. OFFICERS AND DIRECTORS

TITLE **Pres**
NAME **James L. Cruz**
STREET ADDRESS **3511 W Commercial Blvd**
CITY ST ZIP **Ft. Lauderdale, Fl 33309**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Pres** ☒ Change ☐ Addition
1.2 NAME **Robert Cordero**
1.3 STREET ADDRESS **4801 S University Drive**
1.4 CITY ST ZIP **Ft. Lauderdale, Fl 33328**

2.1 TITLE **Director** ☒ Change ☐ Addition
2.2 NAME **William D'Avanzo**
2.3 STREET ADDRESS **4801 S University Drive**
2.4 CITY ST ZIP **Ft. Lauderdale, Fl 33328**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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 193 (776.016), 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:

William D'Avanzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-95

DATE

Signature of President