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 MAR 16 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # K21754 (2)

DO NOT WRITE IN THIS SPACE.

1. Corporation Name
THERMA, CORP.

Principal Place of Business	Mailing Address
7403 SW 42ND ST MIAMI FL 33155 US	7403 SW 42ND ST MIAMI FL 33155 US

3. Date Incorporated or Qualified: 04/21/1988
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business
21
2a. Mailing Address
26

Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27

City & State
23
City & State
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Zip
24
Country
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Zip
29
Country
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4. FEI Number: 65-0048206 ☐ 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

BARTOCCI, GEORGE C.
~~3850 IRVINGTON AVE.~~
~~COCONUT GROVE FL 33133~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7403 SW 42 ST.
83
84 City MIAMI FL 85 Zip Code 33155

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	PDT	1.1 TITLE	Add "T"	☐ Change ☐ Addition
NAME	BARTOCCI, GEORGE C.	1.2 NAME		
STREET ADDRESS	3850 IRVINGTON AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP		
TITLE	S,D,V	2.1 TITLE	Add D,V	☐ Change ☐ Addition
NAME	FRANCO, CELINA	2.2 NAME		
STREET ADDRESS	3850 IRVINGTON AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	TIS. 3/16/95	☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
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 on an attachment with an address.

SIGNATURE: Celina Franco 03/09/95 305-262-6664
SIGNATURE, NAME AND TITLE OR AUTHORITY OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0164874 CP