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 APR 27 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K79249** **(4)**

1. Corporation Name
BOCA AIR SYSTEMS, INC.

Principal Place of Business
7777 GLADES RD.
SUITE 200
BOCA RATON FL 3434-150
US

Mailing Address
7777 GLADES ROAD
SUITE 200
BOCA RATON FL 33434-4150
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/11/1989
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21 10792 El Paraiso Place
22 Suite, Apt. #, etc.
23 City & State: Delray Beach, Fl.
24 Zip: 33446
25 Country: USA

2a. Mailing Address
26 10792 El Paraiso Place
27 Suite, Apt. #, etc.
28 City & State: Delray Beach, Fl.
29 Zip: 33446
30 Country: USA

4. FEI Number: 65-0118948 — 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
IMBRES, SUSAN K
10792 EL PARAISO PLACE
DELRAY BCH. FL 33446

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	CARONIA, VINCENT	1.2 NAME	
STREET ADDRESS	277 NW 12TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☒ Change ☐ Addition
NAME	IMBRES, SUSAN K.	2.2 NAME	
STREET ADDRESS	20789 CIPRES WAY	2.3 STREET ADDRESS	10792 El Paraiso Place
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Delray Beach, Fl. 33446
TITLE		3.1 TITLE	☐ 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)(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: Susan K Imbres — SUSAN K. IMBRES — 4.21.95 — 407.488.0062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0242400 CP