SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

BOCA AIR SYSTEMS, INC.

Principal Place of Business	Mailing Address
10792 EL PARAISO PLACE SUITE 200 DELRAY BEACH FL 33446 US	10792 EL PARAISO PLACE SUITE 200 DELRAY BEACH FL 33446 US

3. Date Incorporated or Qualified: 04/11/1989
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21: 277 N.W. 12th St.
22: Suite, Apt. #, etc
23: City & State: Boca Raton, FL
24: Zip: 33432
25: Country: USA

2a. Mailing Address
26: 277 N.W. 12th St.
27: Suite, Apt. #, etc
28: City & State: Boca Raton FL
29: Zip: 33432
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 s. 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: Vincent Caronia
82 Street Address (P.O. Box Number is Not Acceptable): 277 N.W. 12th Street
83
84 City: Boca Raton FL 85 Zip Code: 33432

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] 7/10/96
(Signature of New Registered Agent required when applicable) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD CARONIA, VINCENT 277 NW 12TH ST BOCA RATON FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PVD Caronia, Vincent 277 N.W. 12th St. Boca Raton, FL 33432	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD IMBRES, SUSAN K. 10792 EL PARAISO PLACE DELRAY BEACH FL	☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	TS Caronia, Maria 277 N.W. 12th Street Boca Raton, FL 33432	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	300001898983 -07/19/96--01007--029 ***225.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] / Vincent Caronia 6/21/96 407-447-8987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone Number)