SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1986 APPROVEU AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSIGNATE), MINIMAUM AMOUNT DUE TO REMISTATE: \$275. AND PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 96 OCT 30 AH 8: 41 DIVISION OF CORPORATIONS 1996 SECRETARY OF STATE DOCUMENT # K79684 (2)TALLAHASSEE, FLORIDA KLIMAIRE PRODUCTS, INC. Principal Place of Business Mailing Address 🥦 ALTEKIN KORKHAZ R 0. 00X 161010 7909 NW 5457. 7909 NW 54TH STREET R-0: 00% 10 mag MANU FL 20116 MIAM FL 33186 3. Date Incorporated or Qualified 3a. Date of Last Report 33/66 HS 04/12/1989 04/25/1995 Principal Place of Business Mailing Address 4. FEI Number Applied For 5457. 65-0131714 7909NW 7909 NW Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be FL Trust Fund Contribution Added to Fees Country 33/66 Country 8. This corporation has liability for intangible tax under 8, 199,032, 33166 90 Florida Statutes Yes No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KORKMAZ, LITEKIN 12950 S.W. HOTH ST. N. CALUSA CLUB DR. 82 Street Address (P.O. Box Number is Not Acceptable) 900001397269---11/06/96--01025--006 MAMI FL 33186 63 ****375.0<u>0</u> \$ 123 Gas 00 84 City Pursuant to the provisions of Sections 607.0502 and 607.508, 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 . (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 98/6) TITLE 1.1 TITLE Change Addition DELETE KORKWAZ, ILTEKIN 1.2 NAME NAME 19950 S.W. 116TH ST. 12950 N. GILLDA CLUB 1.3 STREET ADDRESS STREET ADDRESS MAMIFL 33/86 CITY - ST-ZIP 1.4 CITY - ST - 714 Change THILE 2.1 TITLE Addition DELETE NAME 22 NAME STREET ADDRESS SECTION OF CIR. 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition IIILE 3.1 TITLE DELETE Change NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP IIILE 4.1 TITLE Change Addition DELETE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP IIIT 6 DELETE 5.1 TITLE Change Addition 5.2 NAME NUIS STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST-ZIP IIITE Addition DELETE 6.1 TITLE Cliange NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP 14. If do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(ki). Florida Statutes. It is true and accurate and that my signature shall have the same legal effect as it 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 it shanged for on an attachment with an address. 693-P35P SIGN SIGNATURE: