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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V21196** (3)

1. Corporation Name

THERMOPRO TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

**15645 COLLINS AVE
SUITE 505
MIAMI BEACH FL 33160**

**15645 COLLINS AVE
SUITE 505
MIAMI BEACH FL 33160**

3. Date Incorporated or Qualified

03/16/1992

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HART, MICHAEL
15645 COLLINS AVE
SUITE 505
MIAMI BEACH FL 33160**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 date if applicable)

(Signature, typed or printed name of registered agent, and date if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PTSC**
STREET ADDRESS **HART, MICHAEL**
CITY-ST-ZIP **15645 COLLINS AVE #505**
MIAMI BEACH FL

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

12 NAME

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25 TITLE ☐ Change ☐ Addition

26 NAME

27 STREET ADDRESS

28 CITY-ST-ZIP

29 TITLE ☐ Change ☐ Addition

30 NAME

31 STREET ADDRESS

32 CITY-ST-ZIP

33 TITLE ☐ Change ☐ Addition

34 NAME

35 STREET ADDRESS

36 CITY-ST-ZIP

37 TITLE ☐ Change ☐ Addition

38 NAME

39 STREET ADDRESS

40 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 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:

Michael Hart **MICHAEL HART**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96
DATE

305-949-1706
DAYTIME PHONE

CR2E034 (12/95)