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 25 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V47167 (4)

1. Corporation Name
BOCA BAGS INC.

Principal Place of Business	Mailing Address
2905 S FEDERAL HIGHWAY SUITE C-8 DELRAY BEACH FL 33483	2905 S FEDERAL HIGHWAY SUITE C-8 DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business	2a. Mailing Address
21 508 N.W. 77 ST	26 508 N.W. 77 ST
Suite, Apt #, etc 22	Suite, Apt #, etc. 27
City & State 23 BOCA RATON FL	City & State 28 BOCA RATON FL
Zip 24 33487 County 25 Palm Bch	Zip 29 33487 Country 30 Palm Beach

4. FEI Number: 65-0347641 ☐ 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

FELLER, MICKIE
2905 S. FEDERAL HWY #C-8
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name: DAHLIA MANAKER
82 Street Address (P.O. Box Number is Not Acceptable): 508 N.W 77 ST
83
84 City: BOCA RATON FL 85 Zip Code: 33487

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: Dahlia B. Manaker
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	MANAKER, DAHLIA	12 NAME	
STREET ADDRESS	~~2905 S FEDERAL HWY C-8~~	13 STREET ADDRESS	508 N.W. 77 ST
CITY ST ZIP	DELRAY BEACH FL	14 CITY ST ZIP	BOCA RATON FL 33487
TITLE	DVPT	21 TITLE	☑ Change ☐ Addition
NAME	MANAKER, BART	22 NAME	
STREET ADDRESS	~~2905 S. FEDERAL HWY #C8~~	23 STREET ADDRESS	508 N.W 77 ST
CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP	BOCA RATON FL 33487
TITLE	~~S~~	31 TITLE	☐ Change ☐ Addition
NAME	~~FELLER, MICKIE~~	32 NAME	
STREET ADDRESS	~~2905 S. FEDERAL HWY #C8~~	33 STREET ADDRESS	
CITY ST ZIP	~~DELRAY BEACH FL~~	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: [signature] 4/19/95 407-995-2150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR7A07 CP