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 19 AM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **831286** **(0)**

1. Corporation Name
NVF COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6917 COLLINS AVE MIAMI BEACH FL 33141	6917 COLLINS AVE SUITE 1015 MIAMI BEACH FL 33141 US

3. Date Incorporated or Qualified: **11/19/1973**
3a. Date of Last Report: **04/06/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **51-0035270** ☐ 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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	D	☐ Change ☑ Addition
NAME	LOFFREDO, MARCO B. J	1.2 NAME	BELTZHOOVER, RICHARD	
STREET ADDRESS	6917 COLLINS AVE.	1.3 STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VD	2.1 TITLE	D	☐ Change ☑ Addition
NAME	CASTELLANO, BRENDA N.	2.2 NAME	ROBINSON, DR WILLIE C	
STREET ADDRESS	6917 COLLINS AVENUE	2.3 STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	V	3.1 TITLE	D	☐ Change ☑ Addition
NAME	MCNABOE, JOHN	3.2 NAME	THOMPSON, THOMAS	
STREET ADDRESS	6917 COLLINS AVENUE	3.3 STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	4.1 TITLE	D	☐ Change ☑ Addition
NAME	COLVIN, MELVIN R.	4.2 NAME	DEL FABRO, KIM	
STREET ADDRESS	6917 COLLINS AVE.	4.3 STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	VD	5.1 TITLE	T	☐ Change ☑ Addition
NAME	POSNER, MARTIN J.	5.2 NAME	FLACK ROBERT W	
STREET ADDRESS	6917 COLLINS AVE	5.3 STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH. FL	5.4 CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	POSNER, BERNARD I.	6.2 NAME		
STREET ADDRESS	6917 COLLINS AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	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)(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: R.W. FLACK R.W. FLACK 1/26/95 305-866-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0150847 CP