

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086803 (2)

1. Corporation Name

P.A.F. ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created 12/15/1993	3a. Date of last report 05/01/1994
4. FIC Number 65-0454640	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
6. This corporation has recently re-incorporated into another Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 13020 SW 70TH AVE. MIAMI FL 33156	2a. Mailing Address 13020 SW 70TH AVE. MIAMI FL 33156
21. State Apt # etc 22	26. State Apt # etc 27
22. City & State 23	27. City & State 28
24. 25	29. 30

9. Name and Address of Current Registered Agent FINAZZO, NICOLAS 13020 SW 70TH AVE. MIAMI FL 33156	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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11. Pursuant to the provisions of Sections 607.05(2) and 607.15(1)(b), 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 assent this appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS, AND OTHER CHANGES	
1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	D FINAZZO, PAULA A 13020 SW 70TH AVE. MIAMI FL 33156	1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY, ST, ZIP		2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY, ST, ZIP		3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY, ST, ZIP		4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY, ST, ZIP		5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY, ST, ZIP		6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.05(2)(b), Florida Statutes. I further certify that the information included in 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 this corporation or the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1a, hereafter, or on an attachment with an address.

SIGNATURE: *Paula A. Finazzo*
PAULA A. FINAZZO
APRIL 27, 1995
1-305-232-2643