

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030029 (0)

1. Corporation Name

NAFWOL, INC.

Principal Place of Business

4822 GRANADA BLVD.
CORAL GABLES FL 33146

Mailing Address

NORMAN T. ROBERTS, P.A.
50 W. MASHTA DR., SUITE 2
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1994

3a. Date of Last Report

4. FEI Number

65-0487488

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 interstate tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 ART'S SELF STORAGE

2a. Mailing Address

26 ART'S SELF STORAGE

Suite, Apt. #, etc.

22 3590 S. STATE ROAD #7

Suite, Apt. #, etc.

27 3590 S. STATE RD #7

City & State

23 MIRAMAR - FL

City & State

28 MIRAMAR - FL

Zip

24 33023

Country

25 U.S.

Zip

29 33023

Country

30 U.S.

9. Name and Address of Current Registered Agent

ROBERTS, NORMAN T ESQ.
50 W. MASHTA DR.
SUITE 2
KEY BISCAYNE FL 33149

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

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
NAFIYAN, PIERRE
4822 GRANADA BLVD.
CORAL GABLES FL 33146

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

D/P

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
WOLF, MATIAS
7321 MEADE ISLAND DR.
MIAMI FL 33138

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

D/V

WOLF, MATIAS
7321 BELLE MEADE ISL. DR.
MIAMI - FL 33138

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATIAS WOLF U.P. 1/25/95 /305/981 4462