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 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000037952 (6)**

1. Corporation Name
WOLNAF, INC.

Principal Place of Business	Mailing Address
%NORMAN T. ROBERTS, P.A. 50 W. MASHTA DR., SUITE 2 KEY BISCAYNE FL 33149	%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: **05/19/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 ARI'S SELF STORAGE	26 ARI'S SELF STORAGE
Suite, Apt. #, etc. 22 3590 S. STATE RD. #7	Suite, Apt. #, etc. 27 3590 S. STATE RD. #7
City & State 23 MIRAMAR - FL	City & State 28 MIRAMAR - FL
Zip / Country 24 33023 / 25 US	Zip / Country 29 33023 / 30 US

4. FEI Number: **65-0492859** ☐ 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
ROBERTS, NORMAN T ESQ. 50 W. MASHTA DR. SUITE 2 KEY BISCAYNE FL 33149	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	D	11 TITLE	D ☒ Change ☐ Addition
NAME	WOLF, MATIAS	12 NAME	WOLF, MATIAS A.
STREET ADDRESS	7321 MEADE ISLAND DR.	13 STREET ADDRESS	7321 BELLE MEADE ISL. DR.
CITY ST ZIP	MIAMI FL 33138	14 CITY ST ZIP	MIAMI - FL 33138
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	NAFILYAN, PIERRE	22 NAME	
STREET ADDRESS	4822 GRANADA BLVD.	23 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL 33146	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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 added on an attachment with an address.

SIGNATURE: MATIAS WOLF 1/24/95 (305) 981 4462
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0162210 CP