

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jun 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000037952 (6)**

1. Corporation Name
WOLNAF, INC.



Principal Place of Business

**4822 GRANADA BLVD.
CORAL GABLES FL 33146
US**

Mailing Address

**4822 GRANADA BLVD.
CORAL GABLES FL 33146
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 240 San Lorenzo Ave

2a. Mailing Address

26 240 San Lorenzo Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Coral Gables, FL

City & State

28 Coral Gables FL

Zip

24 33146

Country

Country

29 FL 33146

Country

30

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 J.M. Guarch, Jr
82 Street Address (P.O. Box Number is Not Acceptable) ARAN Correa & Guarch, P.A.
83 710 South Dixie Highway
84 City Coral Gables FL Zip Code 33146

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 of Registered Agent

J.M. Guarch, Jr.

(NOTE: Registered Agent signature required when reinstating)

5/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	GUARCH, MANUEL A	
STREET ADDRESS	812 MAJORCA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	NAFILYAN, PIERRE	
STREET ADDRESS	4822 GRANADA BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

J.M. Guarch, Jr.

5/27/98

CR2E034 (10/97)