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 # **P94000049288 (1)**

1. Corporation Name
PIEMAT, INC.

Principal Place of Business	Mailing Address
4822 GRANADA BLVD. CORAL GABLES FL 33146	%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: 07/01/1994
3a. Date of Last Report:

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

4. FEI Number: 65-0503625 ☐ 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 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 the date as required) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	NAFILYAN, PIERRE	12 NAME	
STREET ADDRESS	4822 GRANADA BLVD.	13 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL 33146	14 CITY ST ZIP	
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	WOLF, MATIAS	22 NAME	WOLF, MATIAS
STREET ADDRESS	7321 MEADE ISLAND DR.	23 STREET ADDRESS	7321 BELLE MEADE ISL. DR.
CITY ST ZIP	MIAMI FL 33138	24 CITY ST ZIP	MIAMI - FL 33139
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 on an attachment with an address.

SIGNATURE: _____ MATIAS WOLF V.P. 1/25/95 (305) 981-4462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0102210 CP