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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000049288 (1)

1. Corporation Name
PIEMAT, INC.



Principal Place of Business

Mailing Address

ARTS SELF STORAGE
3590 S. STATE ROAD 7
MIRAMAR FL 33023
US

ARTS SEL STORAGE
3590 S. STATE ROAD 7
MIRAMAR FL 33023
US

3. Date Incorporated or Qualified 07/01/1994
3a. Date of Last Report 04/25/1995

2. Principal Place of Business

2a. Mailing Address

21 3600 S state rd 7

26 3600 S. state rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # 7

27 # 7

City & State

City & State

23 MIRAMAR FL

28 MIRAMAR FL

Zip

Zip

24 33023

25 U.S.A.

29 33023

30 U.S.A.

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 EFRAIN GONZALEZ

82 Street Address (P.O. Box Number is Not Acceptable)
4942 LE JOURNE RD

83 CORAL GABLES

84 City

FL

85 Zip Code 33146

11. Pursuant to the provisions of Sections 607.0602 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 607.0606, Florida Statutes.

SIGNATURE

EFRAIN GONZALEZ, SECRETARY 2/21/96

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME NAFILYAN, PIERRE
STREET ADDRESS 4822 GRANADA BLVD.
CITY-ST-ZIP CORAL GABLES FL 33146

1.1 TITLE PRESIDENT ☐ Change ☐ Addition

12 NAME ROY F. D. JOHNSON
13 STREET ADDRESS 4942 LE JOURNE RD
14 CITY-ST-ZIP CORAL GABLES FL 33146

TITLE D ☒ DELETE

NAME WOLF, MATIAS
STREET ADDRESS 7321 BELLE MEADE ISLAND DR.
CITY-ST-ZIP MIAMI FL

2.1 TITLE VICE PRESIDENT-SEC ☐ Change ☐ Addition

22 NAME EFRAIN GONZALEZ
23 STREET ADDRESS 4942 LE JOURNE RD
24 CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
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)(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

EFRAIN GONZALEZ 2/21/96 (305) 6672300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)