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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:12

DOCUMENT # S80002 (6)

1. Corporation Name
N.A.R. SERVICE, INC.

Principal Place of Business	Mailing Address
7214 N.W. 56TH STREEET MIAMI FL 33166 US	7214 N.W. 56TH STREEET MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1991
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21: 10051 S.W. 42 ST
22: Suite, Apt. #, etc.
23: City & State: MIAMI FL
24: Zip: 33165 Country: 25: DADE

2a. Mailing Address
26: 10051 S.W. 42 ST
27: Suite, Apt. #, etc.
28: City & State: MIAMI FL
29: Zip: 33165 Country: 30: DADE

4. FEI Number: 65-0292869 ☐ 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

ARIAS, REBECA
6718 NORTHWEST 72ND AVENUE
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: THOMAS PAROUNAGIAN
82 Street Address (P.O. Box Number is Not Acceptable): 10051 S.W. 42 ST
83:
84 City: MIAMI FL 85 Zip Code: 33165

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] THOMAS PAROUNAGIAN 1-27-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	ARIAS, REBECA	1.2 NAME	THOMAS PAROUNAGIAN
STREET ADDRESS	12784 NW 9 TERR.	1.3 STREET ADDRESS	10051 S.W. 42 ST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	SD	2.1 TITLE	S ☒ Change ☐ Addition
NAME	ARIAS, REBECA	2.2 NAME	JANICE PAROUNAGIAN
STREET ADDRESS	12784 NW 9 TERR.	2.3 STREET ADDRESS	10770 S.W. WESTWOOD LAKE DR.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: [signature] THOMAS PAROUNAGIAN 1-27-95 305-884-3053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0430100 FP