

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 5:54

TALLAHASSEE, FLORIDA

DOCUMENT # V44280 (8)

1. Corporation Name
NAFA EQUITIES INC.

Principal Place of Business

20191 EAST COUNTRY CLUB DR.
APT. 1805
AVENTURA FL 33180

Mailing Address

20191 EAST COUNTRY CLUB DR.
APT. 1805
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/17/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0342314

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

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MANELLA, ROSS
2206 HOLLYWOOD BLVD.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name NANCE SOKOLOFF
82 Street Address (P.O. Box Number is Not Acceptable)
20191 E. COUNTRY CLUB DR.
83 APT 1805
84 City AVENTURA FL 85 Zip Code 33180

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

Nance Sokoloff

4/28/95

12. OFFICERS AND DIRECTORS

12.1 TITLE DPS
12.2 NAME SOKOLOFF, NANCE
12.3 STREET ADDRESS 20191 E COUNTRY CLUB DR.
12.4 CITY, ST, ZIP AVENTURA FL

12.5 TITLE T
12.6 NAME SOKOLOFF, NANCE
12.7 STREET ADDRESS 20191 E COUNTRY CLUB DR.
12.8 CITY, ST, ZIP AVENTURA FL

12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY, ST, ZIP

12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY, ST, ZIP

12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY, ST, ZIP

12.21 TITLE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME 700001432897
13.3 STREET ADDRESS -05/10/95--01079--012
13.4 CITY, ST, ZIP *****200.00 *****200.00

13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP

13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP

13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP

13.17 TITLE ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST, ZIP

13.21 TITLE ☐ Change ☐ Addition
13.22 NAME
13.23 STREET ADDRESS
13.24 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 110.07(3)(b), Florida Statutes. I further certify that the information furnished 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 liquidator empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 1 or Block 2 of this filing, or on an attachment with an address.

SIGNATURE:

Nance Sokoloff
NANCE SOKOLOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

305 902 1233