

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

PROFIT CORPORATION ANNUAL REPORT



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

1996 3-11-96

B-20650

DOCUMENT # **P95000094529 (1)**

1. Corporation Name
NAFA J. HUMPHREYS LEGAL INCUMBENCY ABOGADOS LINC ENCIADOS PARALEGALS, CORP.



Principal Place of Business: 13905 SOUTHWEST 66TH STREET MIAMI FL 33183-2206
Mailing Address: 13905 SOUTHWEST 66TH STREET MIAMI FL 33183-2206

3. Date Incorporated or Qualified: 12/11/1995
3a. Date of Last Report

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 65-0370721
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

**PACHECKER, HUMPHREY
10008 WEST FLAGLER STREET
SUITE B-126
MIAMI FL 33174**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PACHECO, HUMBERTO R		1.2 NAME	
STREET ADDRESS: 13905 S.W. 66TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL 33183		1.4 CITY-ST-ZIP	
TITLE: V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WAINE, MARTIN C		2.2 NAME	
STREET ADDRESS: 13905 SOUTHWEST 66TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL 33183-2206		2.4 CITY-ST-ZIP	
TITLE: V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PACHECO, ENGELBERT H		3.2 NAME	
STREET ADDRESS: 13905 SOUTHWEST 66TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL 33183-2206		3.4 CITY-ST-ZIP	
TITLE: T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BARRERA, TERESA D.J.		4.2 NAME	
STREET ADDRESS: 13903 S.W. 66TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL 33183		4.4 CITY-ST-ZIP	
TITLE: S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PACHECKER, HUMPHREY H		5.2 NAME	
STREET ADDRESS: 10008 WEST FLAGLER STREET, SUITE B-126		5.3 STREET ADDRESS	
CITY-ST-ZIP: MIAMI FL 33174		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: _____ (305)
2-28-96 383-0123
Date Daytime Phone #

CR2E034 (12/95)