

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000100843 (6)
 1. Corporation Name
N.A.F.A., NATIONAL ASSOCIATION FOR FOREIGN ATTORNEYS, INC.



Principal Place of Business 10008 WEST FLAGLER STREET SUITE B-126 MIAMI FL 33174	Mailing Address 10008 WEST FLAGLER STREET SUITE B-126 MIAMI FL 33174
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11890 S.W. 8th STREET Suite, Apt. #, etc. 22 Penthouse-IV City & State 23 MIAMI, FLORIDA 33184 Zip Country 24 33184 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 11/14/1997 4. FEI Number 65-0666533 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent PACHECO, HUMBERTO R 10008 WEST FLAGLER STREET SUITE B-126 MIAMI FL 33174	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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, typed or printed name of registered agent and the 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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRERA, MANUEL	1.2 NAME	
STREET ADDRESS	126 VIRGINIA ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33034	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	*PACHECO, ENGELBERT	2.2 NAME	
STREET ADDRESS	13907 S.W. 68TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN WAINE, CHRISTOPHER	3.2 NAME	
STREET ADDRESS	11890 S.W. 8TH STREET, PH	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCOTO, FEDERICO D	4.2 NAME	
STREET ADDRESS	9630 S.W. 45TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	4.4 CITY-ST-ZIP	
TITLE	PS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHECKER, HUMPHREY H	5.2 NAME	
STREET ADDRESS	11890 S.W. 8TH STREET, PENTHOUSE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184	5.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRERA, TERESITA SILVA	6.2 NAME	
STREET ADDRESS	11890 S.W. 8TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 _____ (305) 02/05/98 553-16100

CR2E034 (10/97)