

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90058 040 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000100843**

1. Corporation Name
N.A.F.A., NATIONAL ASSOCIATION FOR FOREIGN ATTORNEYS, INC.

Principal Place of Business
 11890 SW 8TH STREET
 PENTHOUSE IV
 MIAMI FL 33184
 US

Mailing Address
 10008 WEST FLAGLER STREET
 SUITE B-126
 MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1997

2. Principal Place of Business
 21

2a. Mailing Address
 26

4. FEI Number
65-0666509

Applied For
 Not Applicable

Suite, Apt. #, etc.
 22

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
 23

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
 24 25

Zip Country
 29 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PACHECO, HUMBERTO R
 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 **FL** 85 Zip Code

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 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	D	<input type="checkbox"/> DELETE
NAME	BARRERA, MANUEL	
STREET ADDRESS	126 VIRGINIA ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33034	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PACHECO, ENGELBERT	
STREET ADDRESS	13907 S.W. 66TH STREET	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN WAINE, CHRISTOPHER	
STREET ADDRESS	11890 S.W. 8TH STREET, PH	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESCOTO, FEDERICO D	
STREET ADDRESS	9630 S.W. 45TH STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	PACHECKER, HUMPHREY H	
STREET ADDRESS	11890 S.W. 8TH STREET, PENTHOUSE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	BARRERA, TERESITA SILVA	
STREET ADDRESS	11890 S.W. 8TH STREET	
CITY-ST-ZIP	MIAMI FL 33184	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]*

4/16/99 205 3830123