

DOCUMENT # N00000006415

1. Entity Name
N.A.F.A. CONSULTNTS & EMPLOYMENTS AGENCY, CORP.

Principal Place of Business Mailing Address
11890 SW 8TH ST., SUITE 500 11890 SW 8TH ST., SUITE 500
MIAMI FL 33184 MIAMI FL 33184

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90009 010 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65 - 1047467 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PACHECKER, HUMPHREY H
11890 SW 8TH ST., SUITE 500
MIAMI FL 33184

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	PACHECKER, HUMPHREY H	
STREET ADDRESS	11890 SW 8TH ST., SUITE 500	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARRERA, TERESITA	
STREET ADDRESS	11890 SW 8TH ST., SUITE 500	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHERNOFF, GEORGE	
STREET ADDRESS	11890 SW 8TH ST., SUITE 500	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANIZALEZ, FELIPE A	
STREET ADDRESS	11890 SW 8TH ST., SUITE 500	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	S	<input type="checkbox"/> Delete
NAME	MELENDEZ, DORYS	
STREET ADDRESS	11890 SW 8TH ST., SUITE 500	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALAN, EMILIO	
STREET ADDRESS	11890 SW 8TH ST., SUITE 500	
CITY-ST-ZIP	MIAMI FL 33184	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, CARLOS M.	
STREET ADDRESS	11890 SW 8th St., Suite 500	
CITY-ST-ZIP	Miami, FL. 33184	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRETO, AMARO	
STREET ADDRESS	11890 SW 8th St. Suite 500	
CITY-ST-ZIP	Miami, FL. 33184	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEON, JOSEFINA	
STREET ADDRESS	11890 SW 8th St. Suite 500	
CITY-ST-ZIP	Miami, FL. 33184	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #