2002 UNIFORM BUSINESS REPORT (UBR)

Jun 19, 2002 8:00 am Secretary of State **DOCUMENT # N00000006415** 1. Entity Name 05-20-2002 90213 001 ***816.25 N.A.F.A. CONSULTNTS & EMPLOYMENTS AGENCY, CORP. Mailing Address Principal Place of Business 94036 11890 SW 8TH ST., SUITE 500 11890 SW 8TH ST., SUITE 500 MIAMI FL 33184 MIAMI FL 33184 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 69-1047467 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PACHECKER, HUMPHREY H 11890 SW 8TH ST., SUITE 500 MIAMI FL 33184 Zip Code e of changing its registered office or registered agent, or both, in the state of Florida his statement for the 8. The above named entity/sub/hits SIGNATURE (NOTE: Registered Agent signature required when rainstating) Make Check Payable to 9. Election Campaign Financing. \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01) ■ Addition ☐ Change ☐ Delete TITLE TITLE PACHECKER, HUMPHREY H NAME NAME CR2E037 STREET ADDRESS 11890 SW 8TH ST., SUITE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33184 ☐ Change ■ Addition TITLE TITLE ☐ Delete BARRERA, TERESITA NAME NAME STREET ACCRESS 11890 SW 8TH ST., SUITE 500 STREET ADDRES CITY-ST-7IP **MIAMI FL 33184** CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE racheco CHERNOFF, GEORGE ... NAME NAME aite 500 STREET ADDRESS 11890 SW 8TH ST., SUITE 500 STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP MIAMI FL 33184 ☐ Addition ☐ Change TITLE Delete TITLE CANIZALEZ, FELIPE A NAME NAME STREET ADDRESS 11890 SW 8TH ST., SUITE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33184** ☐ Addition TITLE ☐ Change Delete TITLE MENDEZ, DORYS NAME NAME STREET ADDRESS 11890 SW 8TH ST., SUITE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33184 ☐ Change ☐ Addition Delete TITLE TITLE GALAN, EMILIO NAME NAME STREET ADDRESS 11890 SW 8TH ST., SUITE 500 STREET ADDRESS

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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 received or trustee emportance to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all others are propagated.

SIGNATURE:

| MIAM) FL 33184

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FILED