

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 PARA LEGALS, 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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

FL

85 Zip Code

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

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 P
NAME PACHECO, HUMBERTO R
STREET ADDRESS 13905 S.W. 66TH STREET
CITY-ST-ZIP MIAMI FL 33183

☐ DELETE

TITLE V
NAME WAINE, MARTIN C
STREET ADDRESS 13905 SOUTHWEST 66TH STREET
CITY-ST-ZIP MIAMI FL 33183-2206

☐ DELETE

TITLE V
NAME PACHECO, ENGELBERT H
STREET ADDRESS 13905 SOUTHWEST 66TH STREET
CITY-ST-ZIP MIAMI FL 33183-2206

☐ DELETE

TITLE T
NAME BARRERA, TERESA D.J.
STREET ADDRESS 13903 S.W. 66TH STREET
CITY-ST-ZIP MIAMI FL 33183

☐ DELETE

TITLE S
NAME PACHECKER, HUMPHREY H
STREET ADDRESS 10008 WEST FLAGLER STREET, SUITE B-126
CITY-ST-ZIP MIAMI FL 33174

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96 (305)
383-0123
Date Daytime Phone #

CR2E034 (12/95)