

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000059300

1. Corporation Name

NAFA ATTORNEYS, P.A.

Principal Place of Business

11890 S.W. 8TH STREET PH 1-3
MIAMI FL 33184

Mailing Address

11890 S.W. 8TH STREET PH 1-3
MIAMI FL 33184

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90071 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1998

4. FEI Number

65-0844329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Same

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

PACHECKER, HUMPHREY H
10008 WEST FLAGLER ST. #B126
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name
Same

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

Humphrey H. Pachecker Office Administrator

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME DREIZE, LIVIA
STREET ADDRESS 11890 S.W. 8TH STREET, PENTHOUSE
CITY-ST-ZIP MIAMI FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D. ☐ Change ☒ Addition
1.2 NAME Pariser, Diane
1.3 STREET ADDRESS 11890 S.W. 8th Street, Penthouse
1.4 CITY-ST-ZIP Miami, FL 33184

2.1 TITLE D. ☐ Change ☒ Addition
2.2 NAME Chernoff, George
2.3 STREET ADDRESS 11890 S.W. 8th Street, Penthouse
2.4 CITY-ST-ZIP Miami, FL 33184

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

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

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

6.1 TITLE ☐ Change ☐ 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:

George Chernoff

George Chernoff

Date

Daytime Phone #

1/5/99 305-553-6100

CR2E034 (11/98)