


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90020 021 \*\*\*\*61.25

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|--|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b>  |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # 710630</b><br>1. Corporation Name<br><b>MIAMI BEACH BAR ASSOCIATION</b>                              |   |  |
| Principal Place of Business<br>C/O RICHARD J. PREIRE<br>777 ARTHUR GODFREY RD 4TH FL<br>MIAMI BEACH FL 33140<br>US | Mailing Address<br>P.O. BOX 402099<br>STE 437<br>MIAMI BEACH FL 33140<br>US       |  |



|   |   |   |
|---|---|---|
| 2. Principal Place of Business<br>21 C/O AARON R. SOBEL | 2a. Mailing Address<br>26 c/o Aaron R. Sobel, Esq | 3. Date Incorporated or Qualified<br>03/29/1966   |
| Suite, Apt. #, etc.<br>22 420 Lincoln Road, #370        | Suite, Apt. #, etc.<br>27 420 Lincoln Road, #370  | 4. FEI Number<br>59-2291789   |
| City & State<br>23 Miami Beach, FL 33139                | City & State<br>28 Miami Beach, FL                | Applied For<br>Not Applicable   |
| Zip<br>24 33139   | Country<br>25 Dade                                | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
|   | Zip<br>29 33139                                   | Country<br>30 Dade  |
| 9. Name and Address of Current Registered Agent         |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

|  |  |
|--|--|
| JAY, SCOTT R.<br>420 LINCOLN ROAD #327<br>MIAMI BEACH FL 33139 | 81 Name<br>AARON R. SOBEL, Esquire   |
|  | 82 Street Address (P.O. Box Number is Not Acceptable)<br>420 Lincoln Road, Suite 370 |
|  | 83   |
|  | 84 City<br>Miami Beach   |
|  | 85 Zip Code<br>FL 33139  |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Aaron Sobel* DATE 2/23/99  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE<br>TD                | REICH, BRUCE S.<br>1111 LINCOLN RD #802<br>MIAMI BEACH FL 33139           | 1.1 TITLE<br>1st Vice President & Direct              | BRUCE S. REICH, Esquire                                    |
| NAME                       |   | 1.2 NAME  |  |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP                                       |  |
| TITLE<br>PD                | PREIRA, RICHARD J.<br>777 ARTHUR GODFREY ROAD, 4TH FLOOR<br>MIAMI BCH. FL | 2.1 TITLE<br>2.2 NAME                                 | Treasurer & Director<br>STEPHEN G. HERTZ, Esquire          |
| NAME                       |   | 2.3 STREET ADDRESS                                    | 767 ARTHUR GODFREY ROAD                                    |
| STREET ADDRESS             |   | 2.4 CITY-ST-ZIP                                       | MIAMI BEACH, FL 33140                                      |
| CITY-ST-ZIP                |   | 3.1 TITLE<br>3.2 NAME                                 | PRESIDENT & DIRECTOR<br>AARON R. SOBEL, Esquire            |
| TITLE<br>PED               | SOBEL, AARON R.<br>420 LINCOLN ROAD, SUITE 370<br>MIAMI BEACH FL          | 3.3 STREET ADDRESS                                    | 420 LINCOLN ROAD, SUITE 370                                |
| NAME                       |   | 3.4 CITY-ST-ZIP                                       | MIAMI BEACH, FL 33139                                      |
| STREET ADDRESS             |   | 4.1 TITLE<br>4.2 NAME                                 | President Elect<br>BRIAN J. GILLER, Esquire                |
| CITY-ST-ZIP                |   | 4.3 STREET ADDRESS                                    | 975 ARTHUR GODFREY ROAD, PH                                |
| TITLE<br>VD                | GILLER, BRIAN J.<br>975 ARTHUR GODFREY ROAD, PH<br>MIAMI BEACH FL         | 4.4 CITY-ST-ZIP                                       | Miami Beach, FL 33140                                      |
| NAME                       |   | 5.1 TITLE<br>5.2 NAME                                 | SECRETARY & DIRECTOR<br>DAVID ALSCHULER, Esquire           |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    | 1401 N. W. 17th Avenue                                     |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       | Miami, FL 33125  |
| TITLE<br>VD                | CYPEN, WAYNE A.<br>825 ARTHUR GODFREY ROAD<br>MIAMI BCH FL                | 6.1 TITLE<br>6.2 NAME                                 | 2nd Vice President & Direct<br>BARBARA B. GIMENEZ, Esquire |
| NAME                       |   | 6.3 STREET ADDRESS                                    | 420 LINCOLN ROAD, SUITE 600                                |
| STREET ADDRESS             |   | 6.4 CITY-ST-ZIP                                       | Miami Beach, FL 33139                                      |
| CITY-ST-ZIP                |   |   |  |

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 617, 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: *Barbara B. Gimenez* DATE 2/23/99 305-532-0778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)