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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 9:14

DOCUMENT # 711005 (9)

1. Corporation Name
LEGAL SERVICES OF GREATER MIAMI, INC.

Principal Place of Business	Mailing Address
3000 BISCAYNE BLVD. STE. 500 MIAMI FL 33137	3000 BISCAYNE BLVD. STE. 500 MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1966	3a. Date of Last Report: 06/15/1994
4. FEI Number: 59-1086719	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: XX	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: XX	[redacted] Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes: ☐ Yes XX No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CYPEN, MARCIA K 3000 BISCAYNE BLVD. SUITE 500 MIAMI FL 33137	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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☐ Change ☐ Addition
NAME	HORN, DON L	12 NAME	HORN, DON L	
STREET ADDRESS	SHUTTS & BOWEN 201 S. BISCAYNE BLVD. 1500	13 STREET ADDRESS	GALLWEY GILLMAN CURTIS VENTO & HORN P.A.	
CITY-ST-ZIP	MIAMI FL 33131	14 CITY-ST-ZIP	200 SE 1 ST. #1100 MIAMI, FL 33131-2104	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	DIAZ, VICTOR M	22 NAME		
STREET ADDRESS	PODHURST, ORSECK ET AL 25 W. FLAGLER ST.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33130	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	VD	☒ Change ☐ Addition
NAME	HORTON, JUANITA	32 NAME	MORRISON, EURALINE	
STREET ADDRESS	7440 NW 19TH AVE. APT. D	33 STREET ADDRESS	953 N.E. 111 STREET	
CITY-ST-ZIP	MIAMI FL 33147	34 CITY-ST-ZIP	MIAMI, FL 33161	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	SALTER, VANCE	42 NAME	SCHWABEDISSEN, ELIZABETH	
STREET ADDRESS	201 S BISCAYNE BLVD	43 STREET ADDRESS	ADORNO & ZEDER 2601 S. BAYSHORE DR #1600	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	CORTINAS, ANGEL	52 NAME		
STREET ADDRESS	7700 SW 88TH ST. #303	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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.

SIGNATURE: Don L. Horn Don L. Horn 5/18/95 (305)358-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007855