

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

06/07/1966

3a. Date of Last Report

06/02/1995

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

4. FEI Number

59-1086719

Applied For

Not Applicable

5. Certificate of Status Desired

XXX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 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

[Signature]

Marcia K. Cypen

06/01/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME HORN, DON L
STREET ADDRESS GALLWEY GILLMAN CURTIS VENTO & HORN PA
CITY-ST-ZIP MIAMI FL

11 TITLE PD ☒ Change ☐ Addition
12 NAME DIAZ, VICTOR M.
13 STREET ADDRESS PODHURST, ORSECK & JOSEFSBERG, P.A.
14 CITY-ST-ZIP MIAMI, FL 33130

TITLE VD ☒ DELETE
NAME DIAZ, VICTOR M
STREET ADDRESS PODHURST, ORSECK ET AL 25 W. FLAGLER ST.
CITY-ST-ZIP MIAMI FL 33130

21 TITLE VD ☒ Change ☐ Addition
22 NAME HOCKMAN, ALLISON D.
23 STREET ADDRESS 325 ALMERIA AVENUE
24 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VD ☐ DELETE
NAME MORRISON, EURLINE
STREET ADDRESS 953 NE 111TH ST
CITY-ST-ZIP MIAMI FL

31 TITLE VD ☐ Change ☐ Addition
32 NAME MORRISON, EURLINE
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME SCHWABEDISSEN, ELIZABETH
STREET ADDRESS ADORNO & ZEDER 2601 S BAYSHORE DR 1600
CITY-ST-ZIP MIAMI FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME CORTINAS, ANGEL
STREET ADDRESS 7700 SW 88TH ST. #303
CITY-ST-ZIP MIAMI FL 33156

51 TITLE SD ☒ Change ☐ Addition
52 NAME HOGAN, LISA
53 STREET ADDRESS U.S. ATTORNEY'S OFFICE 99 NE 4TH ST.
54 CITY-ST-ZIP MIAMI, FL 33132

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/01/96

Date

(305)576-0080 x501

Daytime Phone #

CR2E037 (12/95)