FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

101

1. Corporation Name													
LEGAL SERVICES OF GREATER MIAMI, INC.													
											a naki anaki araki ak	311 818 1181	
Principal Place of Business Mailing Address											, , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •	
3000 BISCAYNE BLVD. 3000 BISCAYNE BLVD.													
STE. 500 STE. 500 MIAMI FL 33137 MIAMI FL 33137-4129													
MINIMITE AGIAL MINIMITES									3. Date Incorporated or Qualifie	d 3a.	Date of Last Re	eport	
									06/07/1966		06/19/199		
2. Principal Pi	Mailing Address					4. FEI Number 59-1086719		 	oplied For				
21									00 1000110		\$8.75	Applicable	
22									5. Certificate of Status Desired	XX	Fee Re		
City & State City & State									6. Election Campaign Financing		\$5.00	May Re	
23							Trust Fund Contribution		Added t				
Zip	Country			Zip			,		8. This corporation has liability f			. 199.032,	
24		25	29						Florida Statutes Yes No				
9. Name and Address of Current Registered Agent							Name		10. Name and Address of New Registered Agent				
AVAREL 144504 I/													
CYPEN, MARCIA K						82 Street Addres			ss (P.O. Box Number is Not Accep	table)			
3000 BISCAYNE BLVD. SUITE 500						83							
MIAM: FL 33137													
IMANII I F AAIAI						84	City			F	L 85 Zip (Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the at								corpo	ration submits this statement for th	e purpose	of changing it	s registered	
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, typed or printed name of registered agent and title if applicable (NOTE: F							ent signature	beriuper e	when reinstating) ADDITIONS/CHANGES TO OF	DATE	ND DIDECTOR	OC IAL 10	
12.	PD	OFFICER	13 AND DIRE	DELETE			13.		ADDITIONS/CHANGES TO OF	I ICENS AI	Change	Addition	
NAME	DIAZ, VI		1.2 NAM			1							
STREET ADDRESS	RG PA	1.3 STREET ADD											
CITY-ST-ZIP MIAMI FL							1.4 CITY - ST - ZIP						
TITLE	VD			X) DELETÉ	2.1	TITLE		VD			X. Change	Addition	
NAME	DIAZ, VICTOR M					2.2 NAME			ald E. Yates, Esq.				
STREET ADDRESS PODHURST, ORSECK ET AL 25 W. FLAGLER ST.						2.3 STREET ADDRESS			Appelrouth Lane				
CITY-ST-ZIP						CITY-	ST-ZIP	Key	West, FL 33040		- Talle	- 1 to 1 to 2	
TITLE	MODDICON EUDIANE					TITLE					Change	Addition	
NAME	MORRISON, EURLINE 953 NE 111TH ST					3.2 NAME 3.3 STREET ADDRESS							
STREET ADDRESS CITY-ST-ZIP	MIAMI F					. CITY - S							
TITLE	10	<u> </u>		DELETE		TITLE	SI-ZIP	 			Change	Addition	
NAME	SCHWABEDISSEN, ELIZABETH					4. 2 NAME							
STREET ADDRESS ADORNO & ZEDER 2601 S BAYSHORE DR 1600						4.3 STREET ADDRESS							
CITY-ST-ZIP MIAMI FL						4.4 CITY-ST-ZIP							
TITLE	SD			X DELETE	5.1	TITLE		SD			X Change	Addition	
NAME CORTINAS, ANGEL					5.2	5.2 NAME			y Moss, Esq.				
STREET ADDRESS 7700 SW 88TH ST. #303					5.3	5.3 STREET ADDRESS			N.E. 118 Street				
CITY-ST-ZIP	MIAMI F	L 33158		Ne. eve		CITY-S	T-ZIP	Mia	mi, FL 33161		1105	Addition	
TITLE				☐ DELETE		TITLE					Change	Addition	
NAME PROCEST ADDRESS						NAME	*DDDD200						
STREET ADDRESS						CITY	ADDRESS						

14. I do 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 employed 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 of an attach rient with yan address.

FILED

Jul 23 1997 8:00am

Secretary of State