

**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 # 753998 (4)  
1. Corporation Name

SOUTH FLORIDA CHAPTER ASSOCIATION OF LEGAL ADMINISTRATORS, INC.



Principal Place of Business: 2801 PONCE DE LEON STE 800 CORAL GABLES FL 33134 US  
Mailing Address: P O BOX 14-9022 1970 MIAMI CENTER CORAL GABLES FL 33114 US

3. Date Incorporated or Qualified: 08/26/1980  
3a. Date of Last Report: 04/28/1995  
4. FEI Number: 59-2062025  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 90 RICHWAY + DIAZ 22 200 SO BISCAYNE BLVD 23 MIAMI FL 24 33131  
2a. Mailing Address: 26 PO BOX 112031 27 SUITE #, etc. 28 MIAMI, FL 29 33111-2081 30

9. Name and Address of Current Registered Agent: FIVES, LINDA L 2015 SOUTH BISCAYNE BLVD 1970 MIAMI CENTER MIAMI FL 33131

10. Name and Address of New Registered Agent: 81 Name: JUDITH R. SERABTIAN 82 Street Address (P.O. Box Number is Not Acceptable): 200 SO BISCAYNE BLVD # 3100 83 84 City: MIAMI FL 85 Zip Code: 33131

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: *J. Serabtian* JUDITH R. SERABTIAN APR 10, 1996  
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 <input checked="" type="checkbox"/> DELETE	NAME: KATOS, MICHAEL J STREET ADDRESS: 100 S.E. 2ND STREET CITY-ST-ZIP: MIAMI FL
TITLE: VD <input checked="" type="checkbox"/> DELETE	NAME: SEEFREID, ROBERT H. STREET ADDRESS: 2021 TYLER ST CITY-ST-ZIP: HOLLYWOOD FL
TITLE: TD <input type="checkbox"/> DELETE	NAME: FORNEY, LES STREET ADDRESS: 2401 PONCE DE LEON BLVD CITY-ST-ZIP: CORAL GABLES FL
TITLE: PD <input type="checkbox"/> DELETE	NAME: FIVES, LINDA L STREET ADDRESS: 201 SOUTH BISCAYNE BLVD., #1970 CITY-ST-ZIP: MIAMI FL
TITLE: PD <input type="checkbox"/> DELETE	NAME: GUERRA, PHILIP STREET ADDRESS: 2601 SOUTH BAYSHORE DRIVE #1600 CITY-ST-ZIP: MIAMI FL
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: COHEN, BETSY Z. STREET ADDRESS: 2600 SO. BAYSHORE DR #1900 CITY-ST-ZIP: MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME: JUDITH A SERABTIAN 1.3 STREET ADDRESS: 200 SO. BISCAYNE BLVD # 3100 1.4 CITY-ST-ZIP: MIAMI, FL 33131
2.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME: ROSE M. DEVITA 2.3 STREET ADDRESS: 200 SE 1ST ST. #100 2.4 CITY-ST-ZIP: MIAMI, FL 33131-2104
3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: 2801 PONCE DE LEON 9 <sup>th</sup> FL
4.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: D 4.3 STREET ADDRESS: D 4.4 CITY-ST-ZIP: D
5.1 TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME: D 5.3 STREET ADDRESS: D 5.4 CITY-ST-ZIP: D
6.1 TITLE: VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.2 NAME: MARILYN MORAN 6.3 STREET ADDRESS: 80 SW 9 <sup>th</sup> ST #2550 6.4 CITY-ST-ZIP: MIAMI FL 33130

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 as an attachment with an address.

SIGNATURE: *L. Forney* 10 APR 96 305 445 4090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)