

FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 753998 ✓  
1. Corporation Name  
SOUTH FLORIDA CHAPTER ASSOCIATION OF  
LEGAL ADMINISTRATORS, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	701 BRICKELL AVE	26	701 BRICKELL AVE	8/26/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	3000	27	3000	59-2062025	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23	MIAMI FL	28	MIAMI FL	\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	33131	29	USA	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEVITA, ROSE M 200 SE 1ST ST #100 MIAMI FL 33131				81 Name HOFFMAN, CLAUDIA			
				82 Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE			
				83 SUITE 3000			
				84 City MIAMI		85 Zip Code FL 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: [Signature] CLAUDIA HOFFMAN X 4/28/99  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SEBASTIAN, JUDITH A <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBASTIAN, JUDITH A	1.2 NAME	
STREET ADDRESS	200 SO BISCAYNE BLVD SUITE 3100	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	
TITLE	D DEVITA, ROSE M. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D COHEN, BETSY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVITA, ROSE M.	2.2 NAME	COHEN, BETSY
STREET ADDRESS	200 SE 1ST STREET SUITE 1100	2.3 STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE - 19A00R
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	MIAMI FL 33133
TITLE	TD BERGOLLA, ELSA G. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD HIRSCH, DAVID E <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERGOLLA, ELSA G.	3.2 NAME	HIRSCH, DAVID E
STREET ADDRESS	200 S. BISCAYNE BLVD 204 FL	3.3 STREET ADDRESS	121 BRICKELL AVE SUITE 2200
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	MIAMI FL 33131
TITLE	PD MORAN, MARILYN <input type="checkbox"/> DELETE	4.1 TITLE	D MORAN, MARILYN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, MARILYN	4.2 NAME	MORAN, MARILYN
STREET ADDRESS	80 SW 8TH ST SUITE 2550	4.3 STREET ADDRESS	80 SW 8TH ST SUITE 2550
CITY-ST-ZIP	MIAMI FL 33130	4.4 CITY-ST-ZIP	MIAMI FL 33130
TITLE	VD LOPEZ, GRACE <input type="checkbox"/> DELETE	5.1 TITLE	VD LOPEZ, GRACE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, GRACE	5.2 NAME	LOPEZ, GRACE
STREET ADDRESS	2645 S BAYSHORE DR SUITE 501	5.3 STREET ADDRESS	701 BRICKELL AVE - SUITE 2100
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	MIAMI FL 33131
TITLE	VD HOFFMAN, CLAUDIA <input type="checkbox"/> DELETE	6.1 TITLE	P HOFFMAN, CLAUDIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, CLAUDIA	6.2 NAME	HOFFMAN, CLAUDIA
STREET ADDRESS	701 BRICKELL AVE SUITE 3000	6.3 STREET ADDRESS	701 BRICKELL AVENUE - SUITE 3000
CITY-ST-ZIP	MIAMI FL 33133	6.4 CITY-ST-ZIP	MIAMI FL 33131

14. 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: DAVID E. HIRSCH, TREASURER [Signature] Date 4/28/99 305-789-5499  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)