

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **765677** (0)
1. Corporation Name
AMERICAN IMMIGRATION LAWYERS ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.



Principal Place of Business: % JEFFREY A. BERNSTEIN, 100 N. BISCAYNE BLVD#1707, MIAMI FL 33132
Mailing Address: % JEFFREY A. BERNSTEIN, 100 N. BISCAYNE BLVD#1707, MIAMI FL 33132

3. Date Incorporated or Qualified: 11/01/1982
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City, State, Zip, and Country.

4. FEI Number: 59-2237894
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

9. Name and Address of Current Registered Agent: BERNSTEIN, JEFFREY A., 100 N. BISCAYNE BLVD, SUITE 1707 - NEW WORLD TOWER, MIAMI FL 33132

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ELAINE F	1.2 NAME	FOX-ISICOFF, Tammy
STREET ADDRESS	2937 SW 27 AVENUE, SUITE 307	1.3 STREET ADDRESS	444 Brickell Ave., #300
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUKKAR, MAZEN	2.2 NAME	WEISS, Elaine F.
STREET ADDRESS	2435 HOLLYWOOD BLVD SUITE 202	2.3 STREET ADDRESS	2937 SW 27 Ave., #307
CITY-ST-ZIP	HOLLYWOOD FL 33020	2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	PE <input checked="" type="checkbox"/> DELETE	3.1 TITLE	1st VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX-ISICOFF, TAMMY	3.2 NAME	CORDERO, Luis A.
STREET ADDRESS	444 BRICKELL AVE SUITE 300	3.3 STREET ADDRESS	1401 Brickell Ave., #300
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	Miami, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASABLANCA, MARIA ISABEL	4.2 NAME	LOVO, Mario M.
STREET ADDRESS	2 SOUTH BISCAYNE BLVD SUITE 1800	4.3 STREET ADDRESS	2425 Coral Way
CITY-ST-ZIP	MIAMI FL 33130	4.4 CITY-ST-ZIP	Miami, FL 33145
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, JEFFREY A	5.2 NAME	
STREET ADDRESS	100 N BISCAYNE BLVD., #1707	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, MARY ELIZABETH	6.2 NAME	
STREET ADDRESS	561 NE 79 STREET SUITE 205	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	6.4 CITY-ST-ZIP	

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FOX-ISICOFF, Tammy
1.3 STREET ADDRESS	444 Brickell Ave., #300
1.4 CITY-ST-ZIP	Miami, FL 33131
2.1 TITLE	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WEISS, Elaine F.
2.3 STREET ADDRESS	2937 SW 27 Ave., #307
2.4 CITY-ST-ZIP	Miami, FL 33131
3.1 TITLE	1st VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CORDERO, Luis A.
3.3 STREET ADDRESS	1401 Brickell Ave., #300
3.4 CITY-ST-ZIP	Miami, FL
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOVO, Mario M.
4.3 STREET ADDRESS	2425 Coral Way
4.4 CITY-ST-ZIP	Miami, FL 33145
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: _____ DATE: 1/19/96 KEYSTONE PHONE #: 3053714555

CR2E037 (12/95)