

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 765677 (0) 1. Corporation Name AMERICAN IMMIGRATION LAWYERS ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.			
Principal Place of Business		Mailing Address	
% JEFFREY A. BERNSTEIN 100 N. BISCAYNE BLVD#1707 MIAMI FL 33132		% JEFFREY A. BERNSTEIN 100 N. BISCAYNE BLVD#1707 MIAMI FL 33132-2324	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
- BERNSTEIN, JEFFREY A. 100 N. BISCAYNE BLVD SUITE 1707 - NEW WORLD TOWER MIAMI FL 33132		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	FOX-ISICOFF, TAMMY		
STREET ADDRESS	444 BRIKELL AVENUE 300		
CITY - ST - ZIP	MIAMI FL		
TITLE	PE	<input checked="" type="checkbox"/> DELETE	
NAME	WEISS, ELAINE F.		
STREET ADDRESS	2937 SW 27 AVENUE #307		
CITY - ST - ZIP	MIAMI FL		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	
NAME	CORDERO, LUIS A		
STREET ADDRESS	1401 BRICKELL AVENUE, #300		
CITY - ST - ZIP	MIAMI FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	LOVO, MARIO M.		
STREET ADDRESS	2425 CORAL WAY		
CITY - ST - ZIP	MIAMI FL		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	BERNSTEIN, JEFFREY A		
STREET ADDRESS	100 N BISCAYNE BLVD., #1707		
CITY - ST - ZIP	MIAMI FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	KRAMER, MARY ELIZABETH		
STREET ADDRESS	561 NE 79 STREET SUITE 205		
CITY - ST - ZIP	MIAMI FL 33138		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	WEISS, Elaine		
1.3 STREET ADDRESS	2937 S.W. 27 Avenue, #307		
1.4 CITY-ST-ZIP	Miami, FL		
2.1 TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	CORDERO, Luis		
2.3 STREET ADDRESS	1401 Brickell Avenue, #300		
2.4 CITY-ST-ZIP	Miami, FL		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	CHATTERJEA, Maya		
3.3 STREET ADDRESS	1110 Brickell Avenue, #210		
3.4 CITY-ST-ZIP	Miami, FL		
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	RAY, Michael		
4.3 STREET ADDRESS	155 S. Miami Avenue, #PH1		
4.4 CITY-ST-ZIP	Miami, FL		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME	ROSE, Jonathan		
5.3 STREET ADDRESS	155 S. Miami Avenue, #1200		
5.4 CITY-ST-ZIP	Miami, FL 33130		
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 NAME	CASABLANCA, Maria		
6.3 STREET ADDRESS	444 Brickell Avenue, #616		
6.4 CITY-ST-ZIP	Miami, FL		
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 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: <i>Jeffrey A. Bernstein</i> Bernstein, Treasurer 1/7/97 (305)371-4555			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone # 0000000			



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