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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 Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 11/01/1982 3a. Date of Last Report 01/25/1996
4. FEI Number 59-2237894 Applied For Not Applicable
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 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FOX-ISICOFF, TAMMY 444 BRIKELL AVENUE 300 MIAMI FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE WEISS, ELAINE F. 2937 SW 27 AVENUE #307 MIAMI FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CORDERO, LUIS A 1401 BRICKELL AVENUE, #300 MIAMI FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOVO, MARIO M. 2425 CORAL WAY MIAMI FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BERNSTEIN, JEFFREY A 100 N BISCAYNE BLVD., #1707 MIAMI FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRAMER, MARY ELIZABETH 561 NE 79 STREET SUITE 205 MIAMI FL 33138 <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P WEISS, Elaine 2937 S.W. 27 Avenue, #307 Miami, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	PE CORDERO, Luis 1401 Brickell Avenue, #300 Miami, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	VP CHATTERJEA, Maya 1110 Brickell Avenue, #210 Miami, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	VP RAY, Michael 155 S. Miami Avenue, #PH1 Miami, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D ROSE, Jonathan 155 S. Miami Avenue, #1200 Miami, FL 33130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	S CASABLANCA, Maria 444 Brickell Avenue, #616 Miami, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Jeffrey A. Bernstein* Date: _____
Bernstein, Treasurer 1/7/97 (305)371-4555

CR2E037 (9/96)