

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 15 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified  
**11/01/1982**

4. FEI Number  
**59-2237894**

Applied For	Not Applicable
<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, JONATHON	1.2 NAME	
STREET ADDRESS	155 S. MIAMI AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDERO, LUIS	2.2 NAME	
STREET ADDRESS	1401 BRICKELL AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATTERJEA, MAYA	3.2 NAME	
STREET ADDRESS	1110 BRICKELL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVO, MARIO M.	4.2 NAME	
STREET ADDRESS	2425 CORAL WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	T	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	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	

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.

**SIGNATURE:** \_\_\_\_\_ **JEFFREY A. BERNSTEIN, Treasurer 1/5/98 305-371-4555**

Signature and typed or printed name of signing officer or director Date Daytime Phone # 0028742

CR2E037 (10/97)