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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765677

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
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2. Principal Place of Business 21 C/O Jeffrey A. Bernstein Suite, Apt. #, etc. 22 100 N. Biscayne Blvd. #2608 City & State 23 Miami, FL Zip 24 33132	2a. Mailing Address 26 C/O Jeffrey A. Bernstein Suite, Apt. #, etc. 27 100 N. Biscayne Blvd. #2608 City & State 28 Miami, FL Zip 29 33132	3. Date Incorporated or Qualified 11/01/1982	4. FEI Number 59-2237894	Applied For <input type="checkbox"/> Not Applicable
Country 25 USA	Country 30 USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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 Jeffrey A. Bernstein	82 Street Address (P.O. Box Number is Not Acceptable) 100 N. Biscayne Blvd.,	83 Suite 2608	84 City Miami	85 Zip Code FL 33132
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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.

Treasurer
Jeffrey A. Bernstein 1/6/99

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

TITLE D	NAME ROSE, JONATHON	STREET ADDRESS 155 S. MIAMI AVE.	CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE P	NAME CORDERO, LUIS	STREET ADDRESS 1401 BRICKELL AVE #300	CITY-ST-ZIP MIAMI FL 33131	<input type="checkbox"/> DELETE
TITLE PE	NAME CHATTERJEA, MAYA	STREET ADDRESS 1110 BRICKELL AVE #210	CITY-ST-ZIP MIAMI FL 33130	<input type="checkbox"/> DELETE
TITLE D	NAME LOVO, MARIO M.	STREET ADDRESS 2425 CORAL WAY	CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE T	NAME BERNSTEIN, JEFFREY A	STREET ADDRESS 100 N BISCAYNE BLVD., #1707	CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE D	NAME KRAMER, MARY ELIZABETH	STREET ADDRESS 561 NE 79 STREET SUITE 205	CITY-ST-ZIP MIAMI FL 33138	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Luis Cordero
2.3 STREET ADDRESS	1401 Brickell Ave., #300
2.4 CITY-ST-ZIP	Miami, FL 33131
3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Maya Chatterjea
3.3 STREET ADDRESS	999 Ponce De Leon Blvd., #1015
3.4 CITY-ST-ZIP	Coral Gables, FL 33134
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	PRESIDENT ELECT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Michael Ray
6.3 STREET ADDRESS	155 South Miami Avenue, #PH115
6.4 CITY-ST-ZIP	Miami, FL 33130

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: **Jeffrey A. Bernstein, Treasurer** (305) 371-4555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)