FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J21193 1. Corporation Name

AD HOC LAW ASSOCIATES, INC.

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90043 036 ***150.00



Principal Place	Mailing Address				V			
% SUZANNE PALLOT % SUZANNE PALLOT								
	AVENUE, SUITE #611		444 BRICKELL AVENUE. SUITE #611			DO NOT WRITE IN THIS COACE		
MIAMI FL 33131		MIAMI FL 33131	MIAMI FL 33131			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
						06/23/1986		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied		7.
21		26				59-2688819 Not Ap	plicable	3000
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addit	tional	*
22		27				5. Certificate of Status Desired E Fee Requir	ed	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May	/.Be	
23	•	28				Trust Fund Contribution Added to Fe		
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.	lo ·	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent		
				81	Name			
PALI	Lot, suzanne				0	(D.O. D. M. Harris Mat Assessable)		
444 BRICKELL AVENUE, SUITE #611 MIAMI FL 33131				82	Street Addr	street Address (P.O. Box Number is Not Acceptable)		
				83		· · · · · · · · · · · · · · · · · · ·		
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				84	City	FL 85 Zip Code	F. 163.	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the a	bove	e-named corp	oration submits this statement for the purpose of changing its regi	stered	
office or r	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was	authorized	a by i	the corporation	on's board of directors. I hereby accept the appointment as registe	erea	
	im lamiliar with, and accept the oblig	ations of, Section Cor. Cood, 1	onda otat		•	•	,	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if apolicable. (NO	ΓΕ: Registered	Agen	t signature require	d when reinstating) DATE	_	~
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	8
TITLE	D	☐ DELETE	1.1 TI	TLE		Change [Addition	(11/98)
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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 607, 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.