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Mar 05 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 # N21544 (4)
1. Corporation Name
THE CORAL GABLES BAR ASSOCIATION, INCORPORATED



Principal Place of Business Mailing Address
C/O DAVID CARLISLE
1 S.E. 3RD AVE., 28TH FLOOR
MIAMI FL 33131
US

3. Date Incorporated or Qualified 07/14/1987
3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address
21 Allison Hockman, Esq. 26 Allison Hockman, Esq.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 325 Almeria Ave, Suite 3 27 325 Almeria Ave Suite 3
City & State City & State
23 Coral Gables Florida 28 Coral Gables Florida
Zip Country Zip Country
24 33134 25 U.S.A. 29 33134 30 USA

4. FEI Number 59-2823417 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
LEVEY, LEWIS J
2655 LEJEUNE RD.
APT. 906
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name Thomas Gary, Esquire
82 Street Address (P.O. Box Number is Not Acceptable) Thomas Gary & Associates, P.A.
83 301 Almeria Avenue, Suite 3
84 City Coral Gables FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 *Thomas Gary* THOMAS GARY 2/11/97
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	D	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, LAWRENCE S	
STREET ADDRESS	69 MERRICK WAY #208	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PONN, DENNIS	
STREET ADDRESS	250 VALENCIA AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	CARLISLE, DAVID	
STREET ADDRESS	1 S.E. 3RD AVE., 28TH FLOOR	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THOMAS, GARY	
STREET ADDRESS	301 ALMERIA AVE. #3	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOCKMAN, ALLISON D	
STREET ADDRESS	325 ALMERIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LEVEY, LEWIS J	
STREET ADDRESS	2655 LE JEUNE ROAD #906	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joanne Sargent, Esq.	
1.3 STREET ADDRESS	2001 SW 117th Avenue	
1.4 CITY-ST-ZIP	Miami, Florida 33175	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carlos C. Del Amo	
2.3 STREET ADDRESS	3929 Ponce de Leon Blvd.	
2.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Janacio Arango	
3.3 STREET ADDRESS	133 Sevilla Avenue	
3.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Vice-president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Thomas Gary* THOMAS GARY 2/11/97 305-529-1564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028454

CR2E037 (9/96)



CORAL GABLES BAR ASSOCIATION

CORAL GABLES, FLORIDA 33134

1996-1997 OFFICERS & DIRECTORS

OFFICERS

President
LEWIS J. LEVEY

President Elect
ALLISON HOCKMAN

Treasurer
THOMAS GARY

Secretary
JOANNE E. SARGENT

DIRECTORS

Ignacio Arango
Carlos Del Amo
Allison Friedman
F. Lorraine Jahn
Hal Lewis
Rex E. Russo
Keith W. Saks
David Carlisle (Ex-Officio)

EDITOR

Lawrence S. Allen