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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 ALLISON HOCKMAN ESO 325 ALMERIA AVE. SUITE 3 CORAL GABLES FL 33134 US		C/O ALLISON HOCKMAN ESO 325 ALMERIA AVE. SUITE 3 CORAL GABLES FL 33134 US	
21	2. Principal Place of Business	2a	Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified
07/14/1987

4. FEI Number
59-2823417

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

GARY, THOMAS ESO
THOMAS GARY & ASSOCIATES PA
301 ALMERIA AVE SUITE 3
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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	Treasurer	<input type="checkbox"/> DELETE
NAME	SARGENT, JOANNE ESO	
STREET ADDRESS	2001 SW 117TH AVE.	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEL AMO, CARLOS C	
STREET ADDRESS	3929 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	GARISLE, DAVID	<input checked="" type="checkbox"/> DELETE
NAME	101 E. 3RD AVE., 20TH FLOOR	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP	MIAMI FL	
TITLE	X President Elect	<input type="checkbox"/> DELETE
NAME	THOMAS, GARY	
STREET ADDRESS	301 ALMERIA AVE. #3	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP President	<input type="checkbox"/> DELETE
NAME	HOCKMAN, ALLISON D	
STREET ADDRESS	325 ALMERIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	President D	<input type="checkbox"/> DELETE
NAME	LEVEY, LEWIS J	
STREET ADDRESS	2855 LE JEUNE ROAD #908	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rex Russo, Esq.	
1.3 STREET ADDRESS	2655 LeJeune Road, Penthouse 1-D	
1.4 CITY-ST-ZIP	Coral Gables FL 33134	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joselio Arango	
2.3 STREET ADDRESS	133 Sevilla Ave	
2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lorraine Jahn	
3.3 STREET ADDRESS	1825 Ponce de Leon Blvd.	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Joanne Sargent Joanne Sargent 1-16-98 (305) 229-3200 X3211

CR2E037 (10/97)