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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90030 034 ****61.25

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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 # N21544

1. Corporation Name
THE CORAL GABLES BAR ASSOCIATION, INCORPORATED

Principal Place of Business C/O ALLISON HOCKMAN ESO 325 ALMERIA AVE SUITE 3 CORAL GABLES FL 33134 US	Mailing Address C/O ALLISON HOCKMAN ESO 325 ALMERIA AVE SUITE 3 CORAL GABLES FL 33134 US
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21. Principal Place of Business 90 REX E. RUSSO, ESQ Suite, Apt. #, etc. PH 1-D City & State 2655 LeJeune Rd. Zip 33134	22. Mailing Address 90 REX E. RUSSO Suite, Apt. #, etc. PH 1-D, 2655 LeJeune Rd. City & State Coral Gables, FL Zip 33134	3. Date Incorporated or Qualified 07/14/1987	4. FEI Number 59-2823417	Applied For Not Applicable	
23. City & State 2655 LeJeune Rd. Zip 33134	24. City & State Coral Gables, FL Zip 33134	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

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 REX E. RUSSO, ESQ.
 82 Street Address (P.O. Box Number is Not Acceptable)
 2655 LeJeune Rd. PH 1-D
 83
 84 City Coral Gables FL 85 Zip Code 33134

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: *[Signature]* REX E. RUSSO, Treasurer DATE: 1/26/99

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	SARGENT, JOANNE ESO
STREET ADDRESS	2001 SW 117TH AVE.
CITY-ST-ZIP	MIAMI FL 33175
TITLE	<input type="checkbox"/> DELETE
NAME	DEL AMO, CARLOS C
STREET ADDRESS	3929 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> DELETE
NAME	LARRAINE, JAHN
STREET ADDRESS	1825 POUNCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	<input type="checkbox"/> DELETE
NAME	THOMAS, GARY
STREET ADDRESS	301 ALMERIA AVE. #3
CITY-ST-ZIP	CORAL GABLES FL
TITLE	<input type="checkbox"/> DELETE
NAME	HOCKMAN, ALLISON D
STREET ADDRESS	325 ALMERIA AVE.
CITY-ST-ZIP	CORAL GABLES FL
TITLE	<input checked="" 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	V O
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T REX E. RUSSO
6.3 STREET ADDRESS	2655 LeJeune Rd, PH 1-D
6.4 CITY-ST-ZIP	CORAL GABLES, FL 33134

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: *[Signature]* SIGNATURE REQUIRED AS TREASURER DATE: 1/26/99 305-442-7393

CR2E037 (11/98)