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FILED  
Feb 11, 1999 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-11-1999 90070 008 \*\*\*\*\*61.25

DOCUMENT # N98000000112

1. Corporation Name

MIAMI-DADE COUNTY BAR ASSOCIATION, INC.

Principal Place of Business

123 N.W. FIRST AVENUE  
MIAMI FL 33128

Mailing Address

123 N.W. FIRST AVENUE  
MIAMI FL 33128



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/08/1998

4. FEI Number

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

9. Name and Address of Current Registered Agent

SACHER, CHARLES P  
2855 LEJEUNE ROAD, SUITE 1101  
CORAL GABLES FL

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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  DELETE  
NAME ROTHMAN, DAVID B  
STREET ADDRESS 200 S. BISCAYNE BLVD. #3420  
CITY-ST-ZIP MIAMI FL

TITLE D  DELETE  
NAME KUEHNE, BENEDICT P  
STREET ADDRESS 100 S.E. SECOND ST. #2100  
CITY-ST-ZIP MIAMI FL

TITLE D  DELETE  
NAME KAINEN, DENNIS G  
STREET ADDRESS 1401 BRICKELL AVENUE #910  
CITY-ST-ZIP MIAMI FL

TITLE D  DELETE  
NAME GONZALEZ, ERVIN A  
STREET ADDRESS 100 S. BISCAYNE BLVD. #900  
CITY-ST-ZIP MIAMI FL

TITLE D  DELETE  
NAME AARON, WILLIAM  
STREET ADDRESS 2937 S.W. 27 AVE. #202  
CITY-ST-ZIP MIAMI FL

TITLE D  DELETE  
NAME HOLLO, JEROME S  
STREET ADDRESS 100 S. BISCAYNE BLVD. #1100  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Benedict P. Kuehne*  
Benedict P. Kuehne

1/14/99 305/371-2220  
Date Daytime Phone #

CR2E037 (1/98)