

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765677

**Entity Name:** AMERICAN IMMIGRATION LAWYERS ASSOCIATION, SOUTH FLORIDA CHAPTER, INC.**FILED**  
**Jan 24, 2018**  
**Secretary of State**  
**CC0052680243****Current Principal Place of Business:**JEFFREY A. BERNSTEIN  
100 N BISCAYNE BLVD#1602  
MIAMI, FL 33132**Current Mailing Address:**JEFFREY A. BERNSTEIN  
100 N BISCAYNE BLVD#1602  
MIAMI, FL 33132 US**FEI Number: 59-2237894****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BERNSTEIN, JEFFREY A ESQ.  
100 N. BISCAYNE BLVD  
SUITE 1602  
MIAMI, FL 33132 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: JEFFREY A. BERNSTEIN****01/24/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	CHUNG, SUI
Address	2964 AVIATION AVENUE 301
City-State-Zip:	MIAMI FL 33133
Title	D
Name	HARRIS, MICHAEL
Address	100 SE 2ND STREET SUITE 3400
City-State-Zip:	MIAMI FL 33131
Title	DIRECTOR
Name	SANCHEZ-ROIG, REBECCA
Address	2121 SW 3 AVENUE SUITE 600
City-State-Zip:	MIAMI FL 33129
Title	FIRST V.P.
Name	ALDEN, CHRISTINE
Address	1401 BRICKELL AVENUE SUITE 300
City-State-Zip:	MIAMI FL 33131

Title	T
Name	BERNSTEIN, JEFFREY A
Address	100 N. BISCAYNE BLVD. 1602
City-State-Zip:	MIAMI FL 33132
Title	PRESIDENT ELECT
Name	VASTINE, MICHAEL
Address	16401 NW 37 AVENUE
City-State-Zip:	MIAMI GARDENS FL 33054
Title	D
Name	PINTO, GABRIELA V
Address	2650 SW 27 AVENUE 2ND FLOOR
City-State-Zip:	MIAMI FL 33133
Title	SECRETARY
Name	SANTANA, ELINA
Address	3663 SW 8TH STREET SUITE 206
City-State-Zip:	MIAMI FL 33135

**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: JEFFREY A. BERNSTEIN****T****01/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LAMMERS, KARLA  
Address 2828 CORAL WAY  
SUITE 410  
City-State-Zip: CORAL GABLES FL 33145

Title D  
Name KELLEY, LAURA  
Address 8180 NW 36 STREET  
220  
City-State-Zip: DORAL FL 33166

Title D  
Name POZO, ADA  
Address 2000 S. DIXIE HWY  
101  
City-State-Zip: MIAMI FL 33133

Title SECOND V.P.  
Name ARIAS, MAGGIE  
Address 2937 SW 27 AVENUE  
SUITE 206  
City-State-Zip: MIAMI FL 33133

Title D  
Name OTRUJILLO, RAQUEL  
Address PO BOX 560374  
City-State-Zip: MIAMI FL 33256

Title D  
Name VILLALBA, JACQUELINE  
Address 201 S. BISCAYNE BLVD  
800  
City-State-Zip: MIAMI FL 33131