SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 OCT -3 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 748158 (3)

1. Corporation Name

DADE ASSOCIATION OF LEGAL ASSISTANTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 110603 MIAMI FL 33111 US	P.O. BOX 110603 MIAMI FL 33111 US

800001977268---2
-10/16/96--01074--001
*****70.00 *****70.00

3. Date Incorporated or Qualified: 07/23/1979
3a. Date of Last Report: 07/31/1995

2. Principal Place of Business
21 same
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 same
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-1985255 ☐ 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

LORI ALLEN
9720 W. BAY HARBOW DR
#3
BAY HARBORISLAND FL 33154

10. Name and Address of New Registered Agent

81 Name: Iliana B. Ramirez
82 Street Address (P.O. Box Number Is Not Acceptable): 4291 SW 11 Street
83
84 City: Miami 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: Iliana Ramirez 8/6/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	President Elect (D)	☐ Change ☒ Addition
NAME	SHELLY SIEGEL		1.2 NAME	Maria Sidlosca	
STREET ADDRESS	855 N.W. 103 TERR		1.3 STREET ADDRESS	15933 SW 153 Court	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		1.4 CITY-ST-ZIP	Miami, FL 33187	
TITLE	SD	☒ DELETE	2.1 TITLE	Vice President (D)	☐ Change ☒ Addition
NAME	MARIA SIDLOSCA		2.2 NAME	Madeleine Palmer	
STREET ADDRESS	15933 S.W. 153 CT		2.3 STREET ADDRESS	1655 NE 115 Street #45B	
CITY-ST-ZIP	MIAMI FL 33187		2.4 CITY-ST-ZIP	N. Mia Bch, FL 33181	
TITLE	PD	☒ DELETE	3.1 TITLE	President (D)	☐ Change ☒ Addition
NAME	LORI ALLEN		3.2 NAME	Iliana B. Ramirez	
STREET ADDRESS	9720 W.BAY HARBOR DR #3		3.3 STREET ADDRESS	4291 SW 11 Street	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154		3.4 CITY-ST-ZIP	Miami, FL 33134	
TITLE	TD	☒ DELETE	4.1 TITLE	Treasurer (D)	☐ Change ☒ Addition
NAME	EVELYN GUNTER		4.2 NAME	Ana Santa-Ana	
STREET ADDRESS	310 W. 38TH ST		4.3 STREET ADDRESS	C/O Oconnor + Meyers, PA	FL 33134
CITY-ST-ZIP	HIALEAH FL 33012		4.4 CITY-ST-ZIP	2801 Ponce de Leon Blvd, #9Fl, C. Gables,	
TITLE		☐ DELETE	5.1 TITLE	Recording Secretary (D)	☐ Change ☒ Addition
NAME			5.2 NAME	Karen Spacker	
STREET ADDRESS			5.3 STREET ADDRESS	C/O Floyd, Pearson, et al	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	2016 Bisc Blvd, Miami, FL 33131	
TITLE		☐ DELETE	6.1 TITLE	Corresponding Secretary	☐ Change ☒ Addition
NAME			6.2 NAME	Linda L. Reyes (D)	
STREET ADDRESS			6.3 STREET ADDRESS	18902 NW 12 Court	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	

CR2E037 (3/96)

10/15

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: SIGNATURE REQUIRED Iliana Ramirez 8/6/96 (305) 3720182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0006887