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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33111-0603 US

3. Date Incorporated or Qualified: 07/23/1979
3a. Date of Last Report: 10/03/1996

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

2a. Mailing Address — 26:
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

RAMIRES, ILIANA B
4291 SW 11 STREET
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name: Maria M. Sidlosca, CLA
82 Street Address (P.O. Box Number is Not Acceptable): 100 South Biscayne Blvd.
83: # 1101
84 City: Miami FL 85 Zip Code: 33131

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] 4/30/97
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	PED	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SIDLOSCA, MARIA		1.2 NAME		
STREET ADDRESS	15933 SW 153 COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33187		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PALMER, MADELEINE		2.2 NAME	PATRICIA LASZENSKI, CLA	
STREET ADDRESS	1655 NE 115 STREET #45B		2.3 STREET ADDRESS	PO BOX 972554	
CITY-ST-ZIP	N MIAMI BCH FL 33181		2.4 CITY-ST-ZIP	Mia, FL 33197	
TITLE	PD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	RAMIREZ, ILIANA B		3.2 NAME	MARIA M. SIDLOSCA, CLA	
STREET ADDRESS	4291 SW 11 STREET		3.3 STREET ADDRESS	1005 BISCAYNE BLVD, # 1101	
CITY-ST-ZIP	MIAMI FL 33134		3.4 CITY-ST-ZIP	Mia, FL 33131	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	SANTA-ANA, ANA		4.2 NAME	WILLIAM ACEBO, CLA	
STREET ADDRESS	2801 PONCE DE LEON BLVD #9F		4.3 STREET ADDRESS	100 S. BISCAYNE BLVD., # 1101	
CITY-ST-ZIP	C. GABLES FL 33134		4.4 CITY-ST-ZIP	Mia, FL 33131	
TITLE	SD	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	BACKER, KAREN		5.2 NAME	AILEEN CONKLIN	
STREET ADDRESS	201 S BISCAYNE BLVD		5.3 STREET ADDRESS	11980 SW 118 ST	
CITY-ST-ZIP	MIAMI FL 33131		5.4 CITY-ST-ZIP	Mia, FL 33186	
TITLE	SD	☐ DELETE	6.1 TITLE	SD	☒ Change ☐ Addition
NAME	REYES, LINDA L		6.2 NAME	MARGARET DE PASS	
STREET ADDRESS	18902 NW 12 COURT		6.3 STREET ADDRESS	PO BOX 832876	
CITY-ST-ZIP	PEMBROKE PINES FL 33029		6.4 CITY-ST-ZIP	Mia, FL 33283	

CR2E037 (9/96)

14. I do 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: [signature] 4/30/97 [illegible]