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FILED
Jun 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 748158 (3)
1. Corporation Name

DAE 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

3. Date Incorporated or Qualified

07/23/1979

4. FEI Number

59-1985255

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIDLOSCA, MARIA M CLA
100 SOUTH BISCAYNE BLVD
#1101
MIAMI FL 33131

81 Name

KAREN BACKER, CLA

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

9100 S. DADELAND BLVD., #404

83

84 City

MIAMI

FL

85 Zip Code

33136

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 registrant agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-29-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE
NAME PALMER, MADELEINE
STREET ADDRESS 1655 NE 115 STREET #458
CITY-ST-ZIP N MIAMI BCH FL 33181

TITLE PD ☒ DELETE
NAME RAMIREZ, ILIANA B
STREET ADDRESS 4291 SW 11 STREET
CITY-ST-ZIP MIAMI FL 33134

TITLE TD ☒ DELETE
NAME SANTA-ANA, ANA
STREET ADDRESS 2801 PONCE DE LEON BLVD #9F
CITY-ST-ZIP C. GABLES FL 33134

TITLE SD ☒ DELETE
NAME BACKER, KAREN
STREET ADDRESS 201 S BISCAYNE BLVD
CITY-ST-ZIP MIAMI FL 33131

TITLE SD ☒ DELETE
NAME REYES, LINDA L
STREET ADDRESS 18902 NW 12 COURT
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME KAREN, BACKER, CLA
1.3 STREET ADDRESS 9100 S. DADELAND BLVD. #404
1.4 CITY-ST-ZIP MIAMI, FL. 33136

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME WILLIAM ACEBO, CLA
2.3 STREET ADDRESS 100 S. BISCAYNE BLVD. #1101
2.4 CITY-ST-ZIP MIAMI, FL. 33131

3.1 TITLE RECORDING SECRETARY ☐ Change ☒ Addition
3.2 NAME ILIANA B. RAMIREZ-RODRIGUEZ
3.3 STREET ADDRESS 100 N. BISCAYNE BLVD. #2606
3.4 CITY-ST-ZIP MIAMI, FL. 33132

4.1 TITLE PARLIAMENTARIAN ☐ Change ☒ Addition
4.2 NAME INGRID VOGLER, CLA, CFA
4.3 STREET ADDRESS 1425 N.E. 174 ST.
4.4 CITY-ST-ZIP N. MIAMI BEACH, FL. 33162

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)(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 William Acebo, CLA 6/22/98 (20) 358-4744

CR2E037 (10/97)