

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90013 005 ****70.00

DOCUMENT #748158

1. Corporation Name

DADE ASSOCIATION OF LEGAL ASSISTANTS, INC. ✓

Principal Place of Business

P.O. BOX 110603
MIAMI, FL 33111
U.S.

Mailing Address

P.O. BOX 110603
MIAMI, FL 33111
U.S.

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

07/23/1979

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

9. Name and Address of Current Registered Agent

BACKER, KAREN
9100 S. DADELAND BLVD., #404
MIAMI, FLORIDA 33156

10. Name and Address of New Registered Agent

81 Name WILLIAM ACEBO

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

12827 S.W. 62 LANE

83

84 City

MIAMI,

FL

85 Zip Code
33183

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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

4/27/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME BACKER, KAREN
STREET ADDRESS 9100 S. DADELAND BLVD., #404
CITY-ST-ZIP MIAMI, FLORIDA 33156

TITLE DVP ☐ DELETE
NAME ACEBO, WILLIAM
STREET ADDRESS 100 S. BISCAYNE BLVD., #1101
CITY-ST-ZIP MIAMI, FLORIDA 33131

TITLE SD ☒ DELETE
NAME RAMIREZ-RODRIGUEZ, ILIANA B.
STREET ADDRESS 100 N. BISCAYNE BLVD., #2606
CITY-ST-ZIP MIAMI, FLORIDA 33132

TITLE PD ☒ DELETE
NAME VOGLER, INGRID
STREET ADDRESS 1435 N.E. 174TH STREET
CITY-ST-ZIP N. MIAMI BEACH, FLORIDA 33162

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME LASZEWSKI, PATRICIA S.
1.3 STREET ADDRESS P.O. BOX 110603
1.4 CITY-ST-ZIP MIAMI, FL 33111

2.1 TITLE DVP ☐ Change ☒ Addition
2.2 NAME CONKLIN, AILEEN B.
2.3 STREET ADDRESS P.O. BOX 110603
2.4 CITY-ST-ZIP MIAMI, FL 33111

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME WALKER, CAVELL E.
3.3 STREET ADDRESS P.O. BOX 110603
3.4 CITY-ST-ZIP MIAMI, FL 33111

4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME JENSEN, SANDRA A.
4.3 STREET ADDRESS P.O. BOX 110603
4.4 CITY-ST-ZIP MIAMI, FL 33111

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

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME WIKEL BAXTER, JUDY
6.3 STREET ADDRESS 2601 S. BAYSHORE DRIVE, #600
6.4 CITY-ST-ZIP MIAMI, FLORIDA 33133

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, with all other like empowered.

SIGNATURE:

Patricia S. Laszewski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA S. LASZEWSKI, 1999-2000 President

4/27/99

Date

(305) 378-3452

Daytime Phone #

CR2E037 (1/98)