

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 30 AM 9:16

DOCUMENT # 750648 (8) 1. Corporation Name DADE COUNTY TRIAL LAWYERS, INC.

Principal Place of Business 9130 SO DADELAND BLVD STE 1623 MIAMI FL 33156-4018 US	Mailing Address 9130 SO DADELAND BLVD STE 1623 MIAMI FL 33156-4018 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/17/1980	3a. Date of Last Report 03/16/1994
4. FEI Number 59-1969292	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent LANCELLA, PABLO 9130 SO. DADELAND BLVD SUITE 1623 MIAMI FL 33156
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10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature of Agent or printed name of registered agent and the P.O. address. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	GLICK, JOSEPH	1.2 NAME	Delete
STREET ADDRESS	44 W. FLAGLER ST. COURTHOUSE TOWER #1550	1.3 STREET ADDRESS	Glick, Joseph
CITY, ST, ZIP	MIAMI FL	1.4 CITY, ST, ZIP	44 W. Flagler St Courthouse Tower #1550
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	FLORE, ROBERT	2.2 NAME	Treasurer D
STREET ADDRESS	175 NW 1 AVE, 28TH FLOOR	2.3 STREET ADDRESS	Flore, Robert
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	175 NW 1 Ave, 28th Floor
TITLE	PE	3.1 TITLE	☒ Change ☐ Addition
NAME	GONZALEZ, ERVIN	3.2 NAME	President D
STREET ADDRESS	100 S BISCAYNE BLVD, 1 BAYFRONT PLAZA	3.3 STREET ADDRESS	Gonzalez, Ervin
CITY, ST, ZIP	MIAMI FL	3.4 CITY, ST, ZIP	100 S Biscayne Blvd, 1 Bayfront Plaza
TITLE	T	4.1 TITLE	☒ Change ☐ Addition
NAME	MATTHEWS, JOE	4.2 NAME	President - elect D
STREET ADDRESS	200 SOUTH BISCAYNE BLVD. #4700	4.3 STREET ADDRESS	Matthews, Joe
CITY, ST, ZIP	MIAMI FL	4.4 CITY, ST, ZIP	200 South Biscayne Blvd, #4700
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	Secretary
STREET ADDRESS		6.3 STREET ADDRESS	Merl, Daryl L. D
CITY, ST, ZIP		6.4 CITY, ST, ZIP	44 West Flagler St., Suite 2200

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)(b), 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 (added or omitted in attachment with an address).

SIGNATURE: Matthews 5/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR