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Secretary of State

~~NONPROFIT~~
~~CORPORATION~~
ANNUAL REPORT
1997

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

DOCUMENT # 750648 (8)

1. Corporation Name

DADE COUNTY TRIAL LAWYERS, INC.

Principal Place of Business	Mailing Address
9130 SO DADELAND BLVD STE 1623 MIAMI FL 33156-4818 US	9130 SO DADELAND BLVD STE 1623 MIAMI FL 33156-7851 US

3. Date Incorporated or Qualified: 01/17/1980
3a. Date of Last Report: 07/11/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt #, etc. — 22:
Suite, Apt #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LANCELLA, PABLO
9130 SO. DADELAND BLVD
SUITE 1623
MIAMI FL 33156

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	FLORE, ROBERT		1.2 NAME	Fiore, Robert	
STREET ADDRESS	201 S. BISCAYNE BLVD., 10TH FLOOR		1.3 STREET ADDRESS	201 S. Biscayne Blvd., 10th Floor	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	Miami, FL. 33131	
TITLE	S	☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	DOMNICK, SEAN		2.2 NAME	Reboso, Alex	
STREET ADDRESS	9130 S. DADELAND BLVD., SUITE 1703		2.3 STREET ADDRESS	44 West Flagler Street, 23rd Floor	
CITY-ST-ZIP	MIAMI FL 33156		2.4 CITY-ST-ZIP	Miami, FL 33130	
TITLE	DP	☐ DELETE	3.1 TITLE	DP	☒ Change ☐ Addition
NAME	MATTHEWS, JOE		3.2 NAME	Merl, Daryl	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD. #4700		3.3 STREET ADDRESS	44 West Flagler Street, Suite 2200	
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP	Miami, FL 33130	
TITLE	DT	☐ DELETE	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	MERL, DARYL L		4.2 NAME	Dominick, Sean	
STREET ADDRESS	44 WEST FLAGLER STREET, SUITE 2200		4.3 STREET ADDRESS	9130 S. Dadeland BLVD, Suite 1703	
CITY-ST-ZIP	MIAMI FL 33130		4.4 CITY-ST-ZIP	Miami, FL 33156	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: ✓ _____ ✓ 3/11/97 ✓305-372-8535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0027622