

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton 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 33156-4818 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	
01/17/1980	
4. FEI Number	Applied For
59-1969292	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. 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	

5. 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	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	DP
NAME	FLORE, ROBERT	1. NAME	Merl, Daryl L.
STREET ADDRESS	201 S. BISCAYNE BLVD., 10TH FLOOR	1. STREET ADDRESS	44 W. Flagler St., Suite 2200
CITY-ST-ZIP	MIAMI FL 33131	1. CITY-ST-ZIP	Miami, FL 33130
TITLE	S	2. TITLE	S
NAME	REBOSO ALEX	2. NAME	Korvick, Tony
STREET ADDRESS	44 WEST FLAGLER ST 23RD FLOOR	2. STREET ADDRESS	555 N.E. 15 St., #17J
CITY-ST-ZIP	MIAMI FL	2. CITY-ST-ZIP	Miami, FL 33132
TITLE	DP	3. TITLE	DP
NAME	MERL DARYL	3. NAME	Domnick, Sean C.
STREET ADDRESS	44 WEST FLAGLER ST STE 2200	3. STREET ADDRESS	9130 S. Dadeland Blvd., PH 1-C
CITY-ST-ZIP	MIAMI FL	3. CITY-ST-ZIP	Miami, FL 33156
TITLE	DT	4. TITLE	DT
NAME	DOMINICK SEAN	4. NAME	Reboso, Manuel A.
STREET ADDRESS	9130 S. DADELAND BLVD STE 1703	4. STREET ADDRESS	44 W. Flagler St., #2300
CITY-ST-ZIP	MIAMI FL	4. CITY-ST-ZIP	Miami, FL 33130
TITLE		5. TITLE	
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-ST-ZIP		5. CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ 4/17/98 18053728835

CR2E037 (10/97)