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04-19-1999 90050 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 750648

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 (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 01/17/1980

4. FEI Number: 59-1969292 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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	S	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	KORVICK, TONY		1.2 NAME	Domnick, Sean	
STREET ADDRESS	555 NE 15TH ST, #17-J		1.3 STREET ADDRESS	2139 Palm Beach Lakes Blvd.	
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	DT	☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	REBOSO, MANUEL A		2.2 NAME	Haggard, Michael	
STREET ADDRESS	44 WEST FLAGLER ST 23RD FLOOR		2.3 STREET ADDRESS	330 Alhambra Circle, 1st Floor	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DP	☐ DELETE	3.1 TITLE	DP	☒ Change ☐ Addition
NAME	MERL DARYL		3.2 NAME	Reboso, Manuel A.	
STREET ADDRESS	44 WEST FLAGLER ST STE 2200		3.3 STREET ADDRESS	44 West Flagler Street, 23rd Floor	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33130	
TITLE	DP	☐ DELETE	4.1 TITLE	DT	☒ Change ☐ Addition
NAME	DOMINICK SEAN		4.2 NAME	Korvick, Tony	
STREET ADDRESS	9130 S DADELAND BLVD, #PH-1C		4.3 STREET ADDRESS	Two South Biscayne Blvd., #2460	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33131	
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		

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: ✓ Sean Domnick SIGNATURE REQUIRED ✓ 4/13/99 ✓ 561-686-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)