


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90128 027 \*\*\*\*61.25

<b>DOCUMENT # 763623</b>	
1. Entity Name SOUTH FLORIDA ASSOCIATION OF LAW LIBRARIES, INC.	

Principal Place of Business NOVA SE UNIV LAW LIB 3305 COLLEGE AVE FT LAUDERDALE, FL 33314 US	Mailing Address NOVA SE UNIV LAW LIB 3305 COLLEGE AVE FT LAUDERDALE, FL 33314 US
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64040074



2. Principal Place of Business Miami-Dade County Law Library Suite, Apt. #, etc. 73 West Flagler Street, 321-A	3. Mailing Address Miami-Dade Law Library Suite, Apt. #, etc. 73 West Flagler Street, 321-A
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04072004 Chg-NP CR2E037 (10/03)

City & State Miami, FL	City & State Miami, FL	4. FEI Number 59-2596419	Applied For Not Applicable
Zip 33130	Country US	Zip 33130	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ROSIN, KATHERINE SHOOK, HARDY, & BACON, MIAMI CENTER 201 S BISCAYNE BLVD STE 2400 MIAMI, FL 33131
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Katherine Rosin Katherine Rosin 4/9/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARDO, PAT 200 S BISCAYNE STE 4900 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP REINKE, JANET 1311 MILLER DR CORAL GABLES, FL 33124 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH BUTLER, LISA 3305 COLLEGE AVE FORT LAUDERDALE, FL 33314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSIN, KATHERINE 201 S BISCAYNE BLVD STE 2400 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHITAKI, ELIZABETH 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kerri-Ann Philp 1111 Brickell Avenue, Ste 2500 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Lisa Smith-Butler 3305 College Avenue Fort Lauderdale, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Elizabeth Chifari 701 Brickell Avenue, Ste 3000 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Katherine Rosin <u>SPELLING</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Robert Riger 73 West Flagler Street, 321-A Miami, FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Chifari 4/9/04 305-789-7420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #