## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

%CHARLES P. SACHER



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 20 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32749

(6)

Mailing Address

\*CHARLES P. SACHER

THE DADE COUNTY BAR ASSOCIATION

2655 LEJEUNE ROAD. STE. 1101		2655 LEJEUNE ROAD, STE. 1101								
CORAL GABLES	FL 33134	CORAL GABLES FL 33134-587	<b>'</b>		3. Date Incorporated or Qualified 06/12/1989	3a. Date	e of Last F 3/11/19			
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number 59-0711420		<del></del>	pplied For		
	V. W. First Avenu	le 26 123 N. W. F	irst	Ave	39 07 11420			ot Applicable		
Suite, Apt. 22 Suite		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired		
City & State		City & State			6. Election Campaign Financing	<del></del>		May Be		
23 Miami	i, Florida	28 Miami, Flor	ida		Trust Fund Contribution			to Fees		
Zip	Country Zip Country			ade	This corporation has liability for Florida Statutes	r intangible t		. 199.032,		
	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New F	legistered A	gent			
			81	Name						
RIDGELY, JOHNNIE M					62 Street Address (P.O. Box Number is Not Acceptable)					
123 NW 1 AVE #214										
MIAMI FL	_ 33128		63							
			84	City		FL	85 Zip	Code		
11. Pursuant	to the provisions of Sections 617 050	2 and 617.1508. Florida Statutes	the abov	e-named	corporation submits this statement for the		changing !	ts registered		
office or r	egistered agent, or both, in the State	of Florida. Such change was aut	horized b	the corp	poration's board of directors. I hereby acc	ept the appo	intment as	registered		
agent. i a	m lamiliar with, and accept the obliga	ations of, Section 617.0503, Florid	JE Statute:	<b>5</b> .						
SIGNATURE	Signature typed or printed name of registered age	ent and title if applicable (NOTE: F	legistered Apr	ni sionalure	required when reinstating)	DATE		<del></del>		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE			T	Change	Addition		
NAME	ANGONES, F		1.2 NAME	Ì						
STREET ADDRESS	66 W FLAGLER ST	l	1.3 STREET	ADDRESS						
CITY-S1-ZIP	MIAMI FL	l	1.4 CITY-5							
TITLE	VP	☐ DELETE	2.1 TITLE	·			Change	Addition		
NAME	BOUCHARD, R		2.2 NAME	-						
STREET ADDRESS	25 W FLAGLER ST		2.3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL		2.4 CITY-	ST-ZIP						
TITLE	D	DELETE	31 TITLE				Change	Addition		
NAME	RIDGLEY, J	!	3.2 NAME							
STREET ADDRESS	123 NW 1ST AVE 214		3.3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL		3.4. CITY+	ST-ZIP						
TITLE	D	☐ DELETE	4.1 TITLE				Change	Addition		
NAME	kuehne, benedict d	ļ	4. 2 NAME							
STREET ADDRESS	100 SE 2ND ST 2100	l	4.3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL		4.4 CITY - S	T-ZIP	<u> </u>					
TITLE	D	DELETE	5.1 TITLE				Change	Addition		
NAME	KAINEN, DENNIS	l	5.2 NAME							
STREET ADDRESS	1401 BRICKELL AVE 800	!	5.3 STREET	ADORESS						
City-St-ZiP	MIAMI FL		5.4 CITY-	it-zip						
TITLE	D	DELETE	6.1 TITLE				Change	Addition		
NAME	SEROTA, JOSEPH		6.2 NAME							
STREET ADDRESS	2665 S BAYSHORE DR	,	6.3 STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL		6.4 CITY - S	T-21P						
14. I do herel	by certify that the information supplied	d with this filing does not qualify f	or the exe	mption s	tated in Section 119.07(3)(i), Florida Statu	tes. I further	certify that	the		
I am an o	fficer or director of the corporation or	the receiver or trustee empowers	ed to exec	urate and cute this r	I that my signature shall have the same le report as required by Chapter 617, Florida	jai enect as i Statutes; an	л made ur d that my	name		
appears i	n Block 12 or Block 13 if changed, o	r of an attachment with an addre	SS.	_						