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Sep 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000005133 (3)**  
1. Corporation Name  
**BANKRUPTCY LEGAL ASSISTANTS' ASSOCIATION FOR THE SOUTHERN DISTRICT OF FLORIDA, INC.**



Principal Place of Business C/O TANYA C. BAMBRICK 701 BRICKELL AVE SUITE 1900 MIAMI FL 33131	Mailing Address C/O TANYA C. BAMBRICK 701 BRICKELL AVE SUITE 1900 MIAMI FL 33131-2823
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3. Date Incorporated or Qualified <b>10/14/1994</b>	3a. Date of Last Report <b>08/01/1996</b>
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2. Principal Place of Business 21 <b>C/O ROXANNA ROSS</b> Suite, Apt. #, etc. <b>1970 MIAMI CENTER</b> <b>201 S. BISCAYNE BLVD.</b> City & State <b>MIAMI FL</b> Zip <b>33131</b> Country <b>DADE</b>	2a. Mailing Address 26 <b>C/O ROXANNA ROSS</b> Suite, Apt. #, etc. <b>P.O. BOX 111804</b> City & State <b>MIAMI FL</b> Zip <b>33111-1804</b> Country <b>DADE</b>
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4. FEI Number <b>65-0624508</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BAMBRICK, TANYA C**  
**701 BRICKELL AVE**  
**SUITE 1900**  
**MIAMI FL 33131**

10. Name and Address of New Registered Agent  
81 Name **ROXANNA ROSS, REGISTERED AGENT**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1970 MIAMI CENTER**  
83 **201 S. BISCAYNE BLVD.**  
84 City **MIAMI** FL 85 Zip Code **33131**

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 *Roxanna S. Ross* 8/14/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	<b>KRAUSS, MAGGIE</b>	
STREET ADDRESS	<b>6516 W. 3RD CT.</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>GRAVER, CONNIE</b>	
STREET ADDRESS	<b>150 W FLAGLER ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>ROSS, ROXANNA</b>	
STREET ADDRESS	<b>150 W FLAGLER ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROXANNA ROSS</b>	
1.3 STREET ADDRESS	<b>1970 MIAMI CENTER</b>	
1.4 CITY-ST-ZIP	<b>201 S. BISCAYNE BLVD.</b> <b>MIAMI, FL 33131</b>	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>CELI AGUILAR</b>	
2.3 STREET ADDRESS	<b>1221 BRICKELL AVENUE</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 *Roxanna S. Ross* 8/14/97

CFR2E037 (9/96)