SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000093453 (6)

LEGAL SERVICE CORPORATION OF MIAMI

Principal Place of Business

Mailing Address

APPROVED

1997 JUL 23 Pil 12: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA



9260 SUNSET MIAMI FL 3317		9280 SUNSET DR. 119 MIAMI FL 33173			DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified	3a. Date of Last Report
					12/28/1994	04/05/1996
2. Principal Pi	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ	Count	ry	8. This corporation owes or has pai	
24	25 9. Name and Address of Curre	29	30		Personal Property Tax due June	
OF/		nt negistered Agent	8	1 Name	10. Name and Address of New Reg	gistered Agent
	OR GE DIAZ, P.A.		ľ	Ivaille		
	0 SUNSET DR, 119		82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
MIA	MI FL 33173		-			
			8:	3		
			8-	4 City		85 Zip Code
44.5				<u> </u>		
11. Pursuant t	to the provisions of Sections 607.050 soi ste red agent, or both, in the State	02 and 607.1508, Florida State of Florida, Such change was	utes, the abo s authorized t	ve-named cor	poration submits this statement for the patients board of directors. I hereby accep	urpose of changing its registered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, F	Florida Statute	98.	and the board of directors. Thereby accept	t the appointment as registered
SIGNATURE .						İ
12.	Signature, typed or printed name of registered ag-	ent and title if applicable. (NO ID DIRECTORS		gent signature requ	ired when roinstating)	DATE
TITLE	D OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	
NAME	DIAZ, GEORGE		1.1 TITLE	ľ		L Change L Addition
i i	9260 SUNSET DR, 119		1.2 NAME		1000022	508716
STREET ADDRESS	MIAMI FL 33173			ET ADDRESS		3701080004
CITY-ST-ZIP TITLE	IMPORT LE 00 170	☐ DELETE	1.4 CITY-			5.00
NAME			2.1 TITLE			L. Change Addition
i			2.2 NAME			
STREET ADDRESS				ET ADDRESS	•	
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY			C Character C 4440000
NAME		ال مددداد	3.1 TITLE			☐ Change ☐ Addition
1			3.2 NAME	i		
STREET ADDRESS				T ADDRESS		į
CITY-ST-ZIP TITLE		DELETE	3.4. CITY			Chance
NAME .		L. Dettele				Change Addition
-			4.2 NAM	1		į
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-	ST-ZIP		
-		☐ DETEIC	5.1 TATLE			Change Addition
NAME CTREET ADDRESS			5.2 NAME			•
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		T beiere	5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			1/0×2/01
STREET ADDRESS			6.3 STREE	T ADDRESS		יייסטוג"
CITY_CT.7ID			C 4 DITY	07 710		- 11

14. I do hereby certify that the information supplied with this filing does not quality 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 if am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.