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Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000058591 (5)**

1. Corporation Name
METRO DADE COURT REPORTERS, INC.

Principal Place of Business	Mailing Address
19 W. FLAGLER ST. **SUITE 803** **MIAMI FL 33130**	**19 W. FLAGLER ST.** **SUITE 803** **MIAMI FL 33130-4409**

3. Date Incorporated or Qualified: **07/28/1995**
3a. Date of Last Report: **08/05/1996**

2. Principal Place of Business (21): 2a. Mailing Address (26)
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27)
City & State (23): City & State (28)
Zip (24): Country (25): Zip (29): Country (30)

4. FEI Number: **65-0596819** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MALOOF, AL
4770 BISCAYNE BLVD
#980
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: RAMOS-MALOOF, LORENA
82 Street Address (P.O. Box Number is Not Acceptable): 19 W. Flagler St.
83: Suite 803
84 City: Miami FL 85 Zip Code: 33130

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Lorena Ramos-Maloof DATE: 2/10/97
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	PSD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RAMOS-MALOOF, LORENA		1.2 NAME		
STREET ADDRESS	261 NAVARRE AVE., #301		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MALOOF, ALBERT A		2.2 NAME		
STREET ADDRESS	261 NAVARRE AVE., #301		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	AGUIRRE, JANICE		3.2 NAME		
STREET ADDRESS	13850 S.W. 106 ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		3.4 CITY-ST-ZIP		
TITLE	VTD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DUNN, SANDRA		4.2 NAME		
STREET ADDRESS	4770 BISCAYNE BLVD., #980		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DUNN, STEVEN M		5.2 NAME		
STREET ADDRESS	4770 BISCAYNE BLVD., #980		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		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		

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorena Ramos-Maloof V/President 1/24/97 (305)373-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0169792