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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000013057 (9)

AMERICAN LAW CENTER, INC.

Principal Place of Business

% MIRIAM GONZÁLEZ

Mailing Address

% MIRIAM GONZALEZ

FILED May 04 1998 8:00am Secretary of State



850 N. MIAMI AVENUE. SUITE 102 050 N. MIAMI AVENUE, SUITE 102 MIAMI FL 33136 DO NOT WRITE IN THIS SPACE MIAMI FL 33136" 3. Date Incorporated or Qualified 02/10/1997 Mailing Address P.O. SOX 2. Principal Place of Business 4. FEI Number Applied For 21 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be <u>MIAMI. FLO</u>RIDA 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation owes or has paid the current year Intangible SA 24 25 Personal Property Tax due June 30. Yes g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GONZALEZ, MIRIAM Name 850 N. MIAMI AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 102** 83 **MIAMI FL 33136** 84 City Zip Code 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 Signature, lyped or profiled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition **GONZALEZ, MIRIAM** NAME 1.2 NAME 850 N. MIAMI AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33136** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition MASSO, NANCY NAME 2.2 NAME 850 N. MIAMI AVENUE STREET ADDRESS 23 STREET ADDRESS **MIAM! FL 33136** CITY-ST-ZIP 2.4 CITY-ST-7/P TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. 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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.