

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **752549** (6)

1. Corporation Name

JUNIOR ACHIEVEMENT OF GREATER MIAMI, INC.



Principal Place of Business

Mailing Address

150 SE 3RD AVE. 2397 Collins Ave
SUITE 341
MIAMI FL 33134 Miami Beach, FL
33139

150 SE 3RD AVE. 2397 Collins Ave
SUITE 341
MIAMI FL 33134 Miami Beach FL.
33139

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

05/20/1980

3a. Date of Last Report

04/19/1995

4. FEI Number

59-0807486

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

10. Name and Address of New Registered Agent

HAGA, CATHERINE L.
150 SE 3RD AVENUE 2397 Collins Ave
SUITE 341
MIAMI FL 33134 Miami Bch, FL 33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 *Catherine L. Haga*

(NOTE: Registered Agent signature required when reinstating)

2/1/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☐ DELETE
NAME **SCHUETTE, CHARLES**
STREET ADDRESS **801 BRICKELL AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE **T** ☐ DELETE
NAME **HERSHMAN, JEFFREY**
STREET ADDRESS **701 BRICKELL AVE, 33RD FLOOR**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE
NAME **DUNCAN, EDWARD**
STREET ADDRESS **777 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **C** ☐ DELETE
NAME **KRANYS, RUDY**
STREET ADDRESS **PO BOX 025700 NA**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☐ DELETE
NAME **JOHNSON, J. WAYNE**
STREET ADDRESS **3600 NW 82 AVE.**
CITY-ST-ZIP **IAMI FL**

TITLE **P** ☐ DELETE
NAME **HAGA, CATHERINE L.**
STREET ADDRESS **150 SE 3RD AVE. #341 2397 Collins Ave**
CITY-ST-ZIP **MIAMI FL Miami Bch, FL 33139**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **one SE Third Ave, 28th floor.**
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Catherine L. Haga*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

DATE

305-374-0111

Daytime Phone #

CR2E037 (12/95)