


FILE NOW: FILING FEE IS \$61.25

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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752549** (6)  
1. Corporation Name  
**JUNIOR ACHIEVEMENT OF GREATER MIAMI, INC.**



Principal Place of Business <b>2397 COLLINS AVE SUITE 044 MIAMI BEACH FL 33139 US</b>	Mailing Address <b>2397 COLLINS AVE SUITE 044 MIAMI BEACH FL 33139 US</b>
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3. Date Incorporated or Qualified <b>05/20/1980</b>	
4. FEI Number <b>59-0807486</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners Association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>HAGA, CATHERINE L. 2397 COLLINS AVE SUITE 044 MIAMI BEACH FL 33139</b>	
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10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
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

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	D <input type="checkbox"/> DELETE
NAME	<b>SCHUETTE, CHARLES</b>
STREET ADDRESS	<b>ONE SE THIRD AVE 28TH FLOOR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>HERSHMAN, JEFFREY</b>
STREET ADDRESS	<b>701 BRICKELL AVE, 33RD FLOOR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>DUBIN, JOSH</b>
STREET ADDRESS	<b>19495 BISCAYNE BLVD</b>
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>KRANYS, RUDY</b>
STREET ADDRESS	<b>PO BOX 029700 NA</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, J. WAYNE</b>
STREET ADDRESS	<b>3800 NW 82 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>HAGA, CATHERINE L.</b>
STREET ADDRESS	<b>2397 COLLINS AVE</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DESCANDON, EMILIO</b>
4.3 STREET ADDRESS	<b>100 SE 2 ST #2500</b>
4.4 CITY-ST-ZIP	<b>MIAMI FL 33131</b>
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 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: *Catherine L. Haga* : Catherine L. Haga 2/24/98 305-534-1388

CR2E037 (10/97)