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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000006332**

1. Corporation Name
CONCERNED MATRIMONIAL LAWYERS OF DADE COUNTY, IN C.

Principal Place of Business	Mailing Address
328 MINORCA AVE. CORAL GABLES FL 33134	328 MINORCA AVE. CORAL GABLES FL 33134

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/10/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0802424 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MERLIN, ROBERT J
328 MINORCA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MERLIN, ROBERT J		1.2 NAME	BLUMBERG, MARILYN	
STREET ADDRESS	328 MINORCA AVE.		1.3 STREET ADDRESS	44 West Flagler St. Suite 2100	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	Miami, Florida 33130	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BLUMBERG, MARILYN		2.2 NAME	MERLIN, ROBERT J.	
STREET ADDRESS	44 W. FLAGLER ST., SUITE 2100		2.3 STREET ADDRESS	328 Minorca Avenue	
CITY-ST-ZIP	MIAMI FL 33130		2.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	TD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HERTZ, CHRISTY L		3.2 NAME		
STREET ADDRESS	9130 S. DADELAND BLVD., SUITE 1225		3.3 STREET ADDRESS	328 Minorca Avenue	
CITY-ST-ZIP	MIAMI FL 33156		3.4 CITY-ST-ZIP	Coral Gables, Florida 33134	
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	PIVAR, MICHELLE		4.2 NAME	DEMPSEY, PATRICIA	
STREET ADDRESS	6401 SW 87TH AVE.		4.3 STREET ADDRESS	201 S. Biscayne Blvd., Suite 3250	
CITY-ST-ZIP	MIAMI FL 33173		4.4 CITY-ST-ZIP	Miami, Florida 33131	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Robert Merlin TITLE REQUIRED 1/15/99 305-446-7674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #