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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000006839

1. Corporation Name

JURIS MIAMI, INC.

Principal Place of Business

C/O ADAMS, GALLINAR & IGLESIAS, P.A.
701 BRICKELL AVE., SUITE 2150
MIAMI FL 33131

Mailing Address

C/O ADAMS, GALLINAR & IGLESIAS, P.A.
701 BRICKELL AVE., SUITE 2150
MIAMI FL 33131

c/o Adams, Gallinar, Iglesias & Meyer, P.A.

2. Principal Place of Business

21 1200 Brickell Avenue

2a. Mailing Address

26 1200 Brickell Avenue

Suite, Apt. #, etc.

22 Suite 900

Suite, Apt. #, etc.

27 Suite 900

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip

24 33131

Country

25 USA

Zip

29 33131

Country

30 USA

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number

65-0911687

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**

9. Name and Address of Current Registered Agent

ADAMS, GALLINAR & IGLESIAS, P.A.
701 BRICKELL AVE. SUITE 2150
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
AGIM Registered Agents, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue, Suite 900
83 **RRA**
84 City
Miami **FL** 85 Zip Code
33131

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/99
DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ADAMS, ROBERT A | |
| STREET ADDRESS | 701 BRICKELL AVE., SUITE 2150 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GALLINAR, MICHAEL D | |
| STREET ADDRESS | 701 BRICKELL AVE., SUITE 2150 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | IGLESIAS, MARIO A | |
| STREET ADDRESS | 701 BRICKELL AVE., SUITE 2150 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MEYER, JAMES M | |
| STREET ADDRESS | 701 BRICKELL AVE SUITE 2150 | |
| CITY-ST-ZIP | MIAMI FL 33131 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | P,T,S,D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Robert R. Adams | |
| 1.3 STREET ADDRESS | 1200 Brickell Avenue, Suite 900 | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | P,T,S,D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | 1200 Brickell Avenue, Suite 900 | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | P,T,S,D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | 1200 Brickell Avenue, Suite 900 | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | P,T,S,D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | 1200 Brickell Avenue, Suite 900 | |
| 4.4 CITY-ST-ZIP | | |
| 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/26/99

Daytime Phone #

(305) 416-6820

CR2E037 (11/98)