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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000062896 (3)

1. Corporation Name
CMJ FAMILY LAW EDUCATION, INC.



Principal Place of Business
44 WEST FLAGLER STREET
STE. 2100
MIAMI FL 33130

Mailing Address
44 WEST FLAGLER STREET
STE. 2100
MIAMI FL 33130-1850

3. Date Incorporated or Qualified 08/25/1994
3a. Date of Last Report 04/24/1996

2. Principal Place of Business
21 9150 SW 87 Ave #200
Suite, Apt. #, etc.

2a. Mailing Address
26 9150 SW 87 Ave
Suite, Apt. #, etc.

4. FEI Number 65-0515943
Applied For
Not Applicable

22 City & State
23 Miami FL

27 City & State
28 Miami FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 33176 25 Dade
29 33176 30 Dade

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

HODOR, JUDITH
44 WEST FLAGLER STREET
STE. 2100
MIAMI FL 33130

81 Name Cynthia L Greene
82 Street Address (P.O. Box Number is Not Acceptable)
9150 SW 87 Ave #200
83
84 City Miami FL 85 Zip Code 33176

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	GREENE, CYNTHIA L	44 WEST FLAGLER STREET	MIAMI FL 33130	<input type="checkbox"/>
D	ELSER, MARSHA B	44 WEST FLAGLER STREET	MIAMI FL 33130	<input checked="" type="checkbox"/>
D	HODOR, JUDITH	44 WEST FLAGLER STREET	MIAMI FL 33130	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		9150 SW 87 Ave #200	MIAMI FL 33176	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 607, Florida Statutes; and that my name appears in Block 22 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/27/97 305 274-3848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)