FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jul 07 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 # **P96000037559 (7)**

1. Corporation Name
THE CRIMINAL DEFENSE CLINIC, INC.

Principal Place of Business	Mailing Address
1395 NW 15 STREET **MIAMI FL 33125**	**1395 NW 15 STREET** **MIAMI FL 33125-1621**

3. Date Incorporated or Qualified: **05/01/1996** | 3a. Date of Last Report:

4. FEI Number: 650700094 | 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

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 | Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27
City & State 28
Zip 29 | Country 30

9. Name and Address of Current Registered Agent

GUTIERREZ, JULIO
1395 NW 15 STREET
MIAMI FL 33125

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required for Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	STD	☐ Change ☐ Addition
NAME	GUTIERREZ, JULIO		1.2 NAME	Juan Mourin	
STREET ADDRESS	1395 NW 15 STREET		1.3 STREET ADDRESS	1395 15 St Miami	
CITY-ST-ZIP	MIAMI FL 33125		1.4 CITY-ST-ZIP	Fla 33125	
TITLE	STD	☐ DELETE	2.1 TITLE	PD	☐ Change ☐ Addition
NAME	GREY, JASON		2.2 NAME	Jason Grey	
STREET ADDRESS	1395 NW 15 STREET		2.3 STREET ADDRESS	1395 NW 15 St Miami	
CITY-ST-ZIP	MIAMI FL 33125		2.4 CITY-ST-ZIP	Fla 33125	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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		

300002232233
-07/08/97--01004--006
***550.00

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 6/17/97

CR2E034 (9/96)