

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000037559 (7)**

1. Corporation Name

THE CRIMINAL DEFENSE CLINIC, INC.

Principal Place of Business

**1395 NW 15 STREET
MIAMI FL 33125**

Mailing Address

**1395 NW 15 STREET
MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1996

4. FEI Number

65-0700094

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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

Jason Grey

82 Street Address (P.O. Box Number is Not Acceptable)

1571 NW 13th Ct

83

84 City

Miami

FL

85

Zip Code

33125

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/98

12. OFFICERS AND DIRECTORS

TITLE **STD** ☒ DELETE

NAME **MOURON, JUAN**
STREET ADDRESS **1395 15 ST**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **PD** ☒ DELETE

NAME **GREY, JASON**
STREET ADDRESS **1395 NW 15 STREET**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **STD** ☒ Change ☐ Addition

1.2 NAME **MOURON, JUAN**
1.3 STREET ADDRESS **1571 NW 13th Ct**
1.4 CITY-ST-ZIP **MIAMI FL 33125**

2.1 TITLE **PD** ☐ Change ☐ Addition

2.2 NAME **Jason Grey**
2.3 STREET ADDRESS **1571 NW 13th Ct**
2.4 CITY-ST-ZIP **MIAMI FL 33125**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

1/20/98

305 325 8117

CR2E034 (10/97)