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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 704543 (8)

1. Corporation Name
BELEN SCHOOL, INCORPORATED



Principal Place of Business Mailing Address
500 S W 127 AVE PO BOX 440938, MIAMI, FLA 33144
500 S W 127 AVE PO BOX 440938, MIAMI, FLA 33144
MIAMI FL 33184 MIAMI FL 33184-1319

3. Date Incorporated or Qualified 09/19/1962 3a. Date of Last Report 04/04/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-0998339 Applied For Not Applicable
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired [] \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [] No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ALVAREZ, EDUARDO 13339 SW 9 TERRACE MIAMI FL 33184
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	CARTAYA, PEDRO	1.2 NAME	
STREET ADDRESS	2928 S W 10TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	DP [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	GARCIA, MARCELINO	2.2 NAME	
STREET ADDRESS	13339 SW 9 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	ALVAREZ, EDUARDO	3.2 NAME	
STREET ADDRESS	13339 SW 9 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	DT [] DELETE	4.1 TITLE	[] Change [] Addition
NAME	IZQUIERDO, JOSE M	4.2 NAME	
STREET ADDRESS	2928 SW 10 ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marcelino Garcia 2/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033668

CR2E037 (9/96)