

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 21 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 707696 (1)

1. Corporation Name
PALMER TRINITY PRIVATE SCHOOL, INC.



Principal Place of Business 7900 SOUTHWEST 176TH STREET MIAMI FL 33157-6242	Mailing Address 7900 SOUTHWEST 176TH STREET MIAMI FL 33157-6242
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1964	3a. Date of Last Report 07/19/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 23-7098500	Applied For Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

WALKER, H. WILLIAM, JR.
 WHITE & CASE
 200 SOUTH BISCAYNE BLVD., #4900
 MIAMI FL 33131-2352

10. Name and Address of New Registered Agent

B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, TONY	1.2 NAME	SOUTO, IRENE
STREET ADDRESS	3315 ALHAMBRA CIRCLE	1.3 STREET ADDRESS	565 Marquesa Drive
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33156
TITLE	TRES <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUME, III WILLIAM	2.2 NAME	ARGIZ, TONY
STREET ADDRESS	6355 SW 135TH DRIVE	2.3 STREET ADDRESS	217 Vistalmar Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Coral Gables, FL 33143
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, BETTY	3.2 NAME	O'DONNELL, TONY
STREET ADDRESS	34 LA GORCE CIRCLE	3.3 STREET ADDRESS	1129 Palermo Avenue
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VCT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VCT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTO, IRENE	4.2 NAME	KLOCK, JOE
STREET ADDRESS	565 MARQUESA DRIVE	4.3 STREET ADDRESS	5095 SW 82 Street
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Miami, FL 33143
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, LAURA C.	5.2 NAME	
STREET ADDRESS	6255 SW 92ND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 _____ DATE 8-5-97 (305) 251-2230

CR2E037 (4/97)