

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 PM 2:00

DOCUMENT # 712256 (7)
1. Corporation Name
RANSOM-EVERGLADES SCHOOL, INC.

Principal Place of Business Mailing Address
3575 MAIN HIGHWAY MIAMI FL 33133 3575 MAIN HIGHWAY MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1967 3a. Date of Last Report 02/21/1994
4. FEI Number 59-0659070 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
COTTON, JOHN P
2945 A BRIDGEPORT AVE
COCONUT GROVE FL 33133

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 607.1608, 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	
TITLE	PD
NAME	STONE, ROBERT A
STREET ADDRESS	8600 SW 145TH ST
CITY- ST- ZIP	MIAMI FL
TITLE	VD
NAME	ARELLANO, AGUSTIN R
STREET ADDRESS	9050 HAMMOCK LAKE DR
CITY- ST- ZIP	MIAMI FL
TITLE	VD
NAME	MCCREA, DAVID B
STREET ADDRESS	1990 TIGERTAIL AVE
CITY- ST- ZIP	COCONUT GROVE FL
TITLE	SD
NAME	BORN, DONNA KNOWLES
STREET ADDRESS	6400 S. W. 100TH STREET
CITY- ST- ZIP	MIAMI, FL 33156
TITLE	TD
NAME	TILLET, WILLIAM R
STREET ADDRESS	10905 SNAPPER CREEK RD
CITY- ST- ZIP	MIAMI FL
TITLE	VD
NAME	SHUBIN, JOHN K
STREET ADDRESS	1699 TIGERTAIL AVE
CITY- ST- ZIP	COCONUT GROVE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Born, Donna Knowles
4.3 STREET ADDRESS	4821 Granada Blvd.
4.4 CITY- ST- ZIP	Coral Gables, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included on a 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, whichever is applicable, on an attachment with an address.

SIGNATURE: _____ (Date) 01-26-95 (Typed Name) 460-8800