

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 717023 (6)
1. Corporation Name
CATHOLIC CEMETERIES OF THE ARCHDIOCESE OF MIAMI, INC.



Principal Place of Business Mailing Address
11411 N.W. 25 STREET MIAMI FL 33172 US

3. Date Incorporated or Qualified 08/15/1969
3a. Date of Last Report 03/31/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

4. FEI Number 59-0862834 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

9. Name and Address of Current Registered Agent
FITZGERALD, J PATRICK ESQ.
110 MERRICK WAY
SUITE 2C
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	EVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNEKAMP, TOM	1.2 NAME	HONOLD, THOMAS G. REV
STREET ADDRESS	1434 SOUTH MIAMI AVENUE	1.3 STREET ADDRESS	1050 N.E. 125th Street
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	N. Miami, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	ESTEVEZ, FELIPE R	2.2 NAME	
STREET ADDRESS	1111 SW 107 AV	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	ROSASCO, EDWARD J FR	3.2 NAME	
STREET ADDRESS	3633 SOUTH MIAMI AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	HENNESSEY, WILLIAM J. R	4.2 NAME	
STREET ADDRESS	5601 SOUTH FLAMINGO ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	WALSH, BRYAN O MONSIGN	5.2 NAME	500001792155
STREET ADDRESS	9401 BISCAYNE BLVD	5.3 STREET ADDRESS	-04/24/96--01019--008
CITY-ST-ZIP	MIAMI SHORES FL	5.4 CITY-ST-ZIP	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	JOHNSON, PAUL B	6.2 NAME	
STREET ADDRESS	P O BOX 1829 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 119.07(3)(k), 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: Thomas G Honold 4/3/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

4/23/96