FILE NOW: FILING FEE IS \$61.25

Apr 23 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #**1. Corporation Name 744085 (2)MIAMI COUNTRY DAY SCHOOL, INC. Principal Place of Business Mailing Address 601 N.E. 107TH STREET P.O. BOX 380606 3. Date Incorporated or Qualified MIAMI FL 33238-7608 MIAMI FL 33238 08/31/1978 US 4. FEI Number Applied For 59-1278987 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HOWE JR. OSMOND C Street Address (P.O. Box Number is Not Acceptable) 4500-SE-FINANCIAL CENTER 200-SOUTH BISCAYNE BLVO 200 S. Biscayke Blud, MIAMI FL 33131 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 reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE NAME HOWE, OSMOND C JR. 1.2 NAME 5. Brocoupe Blud, 33 Floor STREET ADDRESS C/O GREENBERG TRAVRIG: 1221 BRICKELL AVE 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE 21 TITLE TITLE FRANCO, MICHAEL J 2.2 NAME NAME 1480 NE 101 ST. 2.3 STREET ADDRESS STREET ADDRESS MIAMI SHORES FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE HACH, ELIZABETH NAME 3.2 NAME 987 NE 96TH STREET 3.3 STREET ADDRESS STREET ADDRESS MIAMI SHORES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE FARREY, JOHN F NAME 4. 2 NAME 1315 BAY TERR 4.3 STREET ADDRESS STREET ADORESS N BAY VILLAGE FL CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachment with an address.

SIGNATURE:

FILED

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365-758-5923