

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **F11032** (2)

95 JAN 24 AM 10:22

1. Corporation Name
OUR LADY OF THE ROSARY SCHOOL, INC.

Principal Place of Business Mailing Address
10701 SW 95 ST MIAMI FL 33176 **10701 SW 95 ST MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/08/1980** 3a. Date of Last Report **06/15/1994**

2. Principal Place of Business 2a. Mailing Address
21 **26** **9768 S.W. 94 TERR.**

4. FEI Number **59-2074432** Applied For Not Applicable

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23. City & State 28. City & State
MIAMI, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24. Zip 25. Country 29. Zip 30. Country
33176 **USA**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIRVEN, MARTHA R
8310 SW 96 CT
MIAMI FL 33193-1080

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
9768 S.W. 94 TERR.
03.
04. City **MIAMI** FL 05. Zip Code **33176**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Martha R. Sirven* **MARTHA R. SIRVEN** **1/16/95**
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **SIRVEN, MARTHA R.**
STREET ADDRESS **8310 SW 96 CT**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **9768 SW 94 TERR.**
1.4 CITY-ST-ZIP **MIAMI, FL 33176-1858**

TITLE **ST**
NAME **SIRVEN, JOSE L.**
STREET ADDRESS **8310 SW 96 CT**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **9768 SW 94 TERR.**
2.4 CITY-ST-ZIP **MIAMI, FL 33176-1858**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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)(4), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martha R. Sirven* **MARTHA R. SIRVEN** **1/16/95** **271-8389**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (PHONE NUMBER)