

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F11032 (2)**

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



Principal Place of Business: **10701 SW 95 ST MIAMI FL 33176**
Mailing Address: **9768 SW 94 TERRACE MIAMI FL 33176 US**

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **12/08/1980**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **59-2074432**
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SIRVEN, MARTHA R
9768 SW 94 TERRACE
MIAMI FL 33176**

10. Name and Address of New Registered Agent (81-85)
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 607.1508, 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 607.0502, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: <input type="checkbox"/> DELETE	12.2 NAME: P SIRVEN, MARTHA R.	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 STREET ADDRESS: 9768 SW 94 TERRACE	12.4 CITY-STATE-ZIP: MIAMI FL	13.2 STREET ADDRESS:	
12.5 TITLE: <input type="checkbox"/> DELETE	12.6 NAME: ST SIRVEN, JOSE L.	13.3 CITY-STATE-ZIP:	
12.7 STREET ADDRESS: 9768 SW 94 TERRACE	12.8 CITY-STATE-ZIP: MIAMI FL	13.4 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 TITLE: <input type="checkbox"/> DELETE	12.10 NAME:	13.5 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS:	12.12 CITY-STATE-ZIP:	13.6 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 TITLE: <input type="checkbox"/> DELETE	12.14 NAME:	13.7 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 STREET ADDRESS:	12.16 CITY-STATE-ZIP:	13.8 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 TITLE: <input type="checkbox"/> DELETE	12.18 NAME:	13.9 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 STREET ADDRESS:	12.20 CITY-STATE-ZIP:	13.10 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 TITLE: <input type="checkbox"/> DELETE	12.22 NAME:	13.11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 STREET ADDRESS:	12.24 CITY-STATE-ZIP:	13.12 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25 TITLE: <input type="checkbox"/> DELETE	12.26 NAME:	13.13 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.27 STREET ADDRESS:	12.28 CITY-STATE-ZIP:	13.14 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.29 TITLE: <input type="checkbox"/> DELETE	12.30 NAME:	13.15 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.31 STREET ADDRESS:	12.32 CITY-STATE-ZIP:	13.16 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.33 TITLE: <input type="checkbox"/> DELETE	12.34 NAME:	13.17 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.35 STREET ADDRESS:	12.36 CITY-STATE-ZIP:	13.18 CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marttha R. Sirven* (PRESIDENT) 1/15/96 (305) 271-8389
MARTHA R. SIRVEN

CR2E034 (12/95)