

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 <del>9768 SW 04 TERRACE</del> MIAMI FL 33176 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/08/1980	4. FEI Number 59-2074432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
 SIRVEN, MARTHA R  
~~9768 SW 04 TERRACE~~  
 MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name MARTHA R. SIRVEN
82 Street Address (P.O. Box Number is Not Acceptable) 11491 S.W. 103 STREET
83
84 City MIAMI
85 Zip Code FL 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) PRESIDENT 1/9/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE SIRVEN, MARTHA R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIRVEN, MARTHA R.		1.2 NAME	
STREET ADDRESS <del>9768 SW 04 TERRACE</del>		1.3 STREET ADDRESS 11491 S.W. 103 STREET	
CITY-ST-ZIP MIAMI FL 33176		1.4 CITY-ST-ZIP MIAMI FL 33176	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE S.I.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIRVEN, JOSE L.		2.2 NAME SIRVEN, JOSE LUIS	
STREET ADDRESS <del>9768 SW 04 TERRACE</del>		2.3 STREET ADDRESS 11491 SW 103 STREET	
CITY-ST-ZIP MIAMI FL 33176		2.4 CITY-ST-ZIP MIAMI, FL 33176	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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) 1/9/98 (305) 271-8389

CR2034 (10/97)