


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

FILED

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 04 TERRACE~~ MIAMI FL 33176 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23 MIAMI, FL
24 Zip: 25 33176 Country: 29 USA

3. Date Incorporated or Qualified: 12/08/1980
4. FEI Number: 59-2074432 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes 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 FL 85 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) PRESIDENT DATE: 1/9/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SIRVEN, MARTHA R.	
STREET ADDRESS	9768 SW 04 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SIRVEN, JOSE L.	
STREET ADDRESS	9768 SW 04 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SIRVEN, MARTHA R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	11491 S.W. 103 STREET	
1.4 CITY-ST-ZIP	MIAMI FL 33176	
2.1 TITLE	S.I.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SIRVEN, JOSE LUIS	
2.3 STREET ADDRESS	11491 SW 103 STREET	
2.4 CITY-ST-ZIP	MIAMI, FL 33176	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 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) DATE: 1/9/98 (305) 271-8389

CR2034 (10/97)