FILE NOW: FILING FEE AFTER MAY 1 IS \$550 0

PROFIL CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT, STATE

Sandra B. Morti

Secretary of Sta DIVISION OF CORPOR TIONS

DOCUMENT # 441789

(5)

OUR LADY OF LOURDES NURSERY SCHOOL, INC.

Principal Place of Business	Ma ling Address	
1164 WEST 71ST PLACE Hialeah Fl 33014	1164 WEST 71ST PLACE HIALEAH FL 33014-4669	

FILED Feb 25 1997 8:00am Secretary of State

Data Incorporated as Qualified | 20 Data of Last Banast

				12/14/1973	04/23/1996				
	Place of Business	2a. Mailing Addr	ess			4. FEI Number 59-1500071			oplied For
21		26				58-1500071			ot Applicable
Sude, Apt	(#, etc.	Suite, Apt. #,	, etc.			5. Certificate of Status Desired			Additional equired
City & State City & State					6. Election Campaign Financing		\$5.00	Мау Ве	
3		28			······································	Trust Fund Contribution			to Føes
Ζφ -1	Country	Zip		Country		8. This corporation has liability for i	ntangible t Yes	ax under s	. 199.032,
4	25 9. Name and Address of Cu	rent Registered Agent	30		····	Florida Statutes 10. Name and Address of New Re			
hic	EZ, SONIA	Tent hegistered Agent		81	Name	Ty, realing pilo Accepted of free free	giatorou A	Bour	
14235 MARGINADA COURT MIAMI LAKES FL			82 Street Address (P.O. Box Number is Not Acceptable)						
MI	AMI DAVES LT			83		7.17		······	
				"					1
				84	City		FL	85 Zip	Code
4.4 D. 1841 100 e.	to the experience of Spelings 607	0502 and 632 1508 Flori	da Statutor II	ho obove	named corr	poration submits this statement for the p ion's board of directors. I hereby accep		changing i	te registerer
SIGNATURE	Stgriatoni, typi dion printinat name of registere		(NOTE: Heg		nt signature requi	red when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
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STEFET ADURESS		ſ		1.3 STREET	ADDRESS				
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III L E	D	☐ DE	1	2.1 TITLE			L	Change	Additio
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14. I do 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 appallachment with an address.

SIGNATURE: