

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 703251 (9)  
1. Corporation Name  
ST. THOMAS UNIVERSITY, INC.



Principal Place of Business: 16400 NW 32ND AVENUE MIAMI FL 33054  
Mailing Address: 16400 NW 32ND AVENUE MIAMI FL 33054

3. Date Incorporated or Qualified: 11/28/1961  
3a. Date of Last Report: 07/26/1995  
4. FEI Number: 59-0949880  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: FITZGERALD, PATRICK 110 MERRICK WAY SUITE 3-B CORAL GABLES FL 33134  
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when changing) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: PDT NAME: CASALE, FRANKLYN M STREET ADDRESS: 16400 N.W. 32ND AVENUE CITY - ST - ZIP: MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE: 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CT NAME: PENNEKAMP STREET ADDRESS: 1434 SOUTH MIAMI, AVE. CITY - ST - ZIP: MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VCT NAME: HALL, M. L. JR. STREET ADDRESS: 150 S.E. 2ND AVE. CITY - ST - ZIP: MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: WORLEY, ELIZABETH A S.S.J. STREET ADDRESS: 3663 SOUTH MIAMI AVENUE CITY - ST - ZIP: MIAMI FL	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: BLAIR, NORMAN, STREET ADDRESS: 16400 N.W. 32ND AVE. CITY - ST - ZIP: MIAMI FL 33054	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KUBALA, DANIEL, STREET ADDRESS: 16400 N.W. 32ND CITY - ST - ZIP: MIAMI FL 33054	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY - ST - 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: January 30, 1996 (305) 628-6516 Daytime Phone #

CR2E037 (12/95)