

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 703253 (5)

1. Corporation Name
THE CONVENT OF THE SACRED HEART OF MIAMI, INC.



Principal Place of Business: 3747 MAIN HIGHWAY, SISTER ANN TAYLOR, MIAMI FL 33133
Mailing Address: 3747 MAIN HIGHWAY, SISTER ANN TAYLOR, MIAMI FL 33133

3. Date Incorporated or Qualified: 11/27/1961
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-6082015
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 (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
23. City & State
28. City & State
24. Zip
25. Country
29. Zip
30. Country

9. Name and Address of Current Registered Agent: TAYLOR, ANN, 3747 MAIN HWY, MIAMI FL 33133
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
85. Zip Code: FL

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: _____ DATE: _____
Signature: Typed or printed name of registered agent (also file 1 page affidavit) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD NAME: TAYLOR, ANN STREET ADDRESS: 3747 MAIN HWY CITY - ST - ZIP: MIAMI FL	<input type="checkbox"/> DELETE	11 TITLE: 12 NAME: 13 STREET ADDRESS: 14 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MAXWELL, SUSAN STREET ADDRESS: 785 CENTRE STREET CITY - ST - ZIP: NEWTON MA	<input type="checkbox"/> DELETE	21 TITLE: 22 NAME: 23 STREET ADDRESS: 6200 No. SHERIDAN ROAD 24 CITY - ST - ZIP: CHICAGO, IL 60660	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTD NAME: SALISBURY, NANCY STREET ADDRESS: 1 E. 91ST ST. CITY - ST - ZIP: NEW YORK, NY.	<input type="checkbox"/> DELETE	31 TITLE: 32 NAME: 33 STREET ADDRESS: 34 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> DELETE	41 TITLE: 42 NAME: 43 STREET ADDRESS: 44 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> DELETE	51 TITLE: 52 NAME: 53 STREET ADDRESS: 54 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:	<input type="checkbox"/> DELETE	61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 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 if changed, or on an attachment with an address.

SIGNATURE: Ann Taylor 1/29/96 (305)446-5673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)