

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33133-5907

3. Date Incorporated or Qualified: 11/27/1961
3a. Date of Last Report: 02/02/1996
4. FEI Number: 59-6082015
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. Mailing Address
26. Suite, Apt #, etc.
27. City & State
28. Zip
29. Country
30.

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. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP
1. PSD TAYLOR, ANN 3747 MAIN HWY MIAMI FL
2. D MAXWELL, SUSAN 6200 NORTH SHERIDAN ROAD CHICAGO IL
3. VTD SALISBURY, NANCY 1 E. 91ST ST. NEW YORK, NY.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 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 (Signature) 3/18/97 (305) 446-5673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026665

CR2E037 (9/96)