
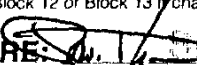


FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 705044 (6) 1. Corporation Name CATHOLIC HOME FOR CHILDREN INC			
Principal Place of Business 18601 SW 97 AVE MIAMI FL 33157 US		Mailing Address 9401 BISCAYNE BLVD. MIAMI FL 33138-2970	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
g. Name and Address of Current Registered Agent FITZGERALD, J. PATRICK 110 MERRICK WAY, 3B 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 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE D <input checked="" type="checkbox"/> DELETE NAME CODINA, ARMANDO STREET ADDRESS 150 W. FLAGLER STREET CITY - ST - ZIP MIAMI FL TITLE PD <input type="checkbox"/> DELETE NAME MCCARTHY, EDWARD A. STREET ADDRESS 9401 BISCAYNE BLVD. CITY - ST - ZIP MIAMI FL TITLE SD <input type="checkbox"/> DELETE NAME WALSH, BRYAN O. STREET ADDRESS 9401 BISCAYNE BLVD. CITY - ST - ZIP MIAMI FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP 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 Secretary Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Rev. Thomas Wonski 1.3 STREET ADDRESS 9401 Biscayne Blvd 1.4 CITY - ST - ZIP Miami FL 33138 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Most Rev. John Clement Favalora 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE Director <input checked="" 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 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:  Thomas Wonski 4/30/97 305/754-2444 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029486			



CR2E037 (9/96)