


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **726699** (2)
1. Corporation Name
OUR LADY OF THE ANGELS PARISH INC.



Principal Place of Business 2095 S.W. 1ST STREET MIAMI FL 33135	Mailing Address 2095 S.W. 1ST STREET MIAMI FL 33135
---	---

3. Date Incorporated or Qualified 06/14/1973	
4. FEI Number 23-7292099	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MOLLEDA, NINFA 1005 E. 5TH STREET HIALEAH FL 33010
--

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	<input checked="" type="checkbox"/> DELETE
NAME	COLLADO, JOSE E
STREET ADDRESS	875 W 37 TERRACE
CITY-ST-ZIP	HIALEAH FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD FERNANDEZ, RAQUEL
STREET ADDRESS	2220 SW 69 AVE
CITY-ST-ZIP	HIALEAH FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD SECRETARY MOLLEDA, NINFA
STREET ADDRESS	1005 E 5 AVE
CITY-ST-ZIP	HIALEAH FL
TITLE	<input type="checkbox"/> DELETE
NAME	T MOLLEDA, MARIA J.
STREET ADDRESS	1005 E. 5TH AVENUE
CITY-ST-ZIP	HIALEAH FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD JOSEFINA, FONTANA
STREET ADDRESS	2881 S W 37 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	T VARONA, CLARA
STREET ADDRESS	191 NW 97 AVE APT 122
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Maria del Carmen Ribera
1.3 STREET ADDRESS	1005 E 5TH AVE
1.4 CITY-ST-ZIP	Hialeah, FL 33010
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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 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: *Ninfa M. Mollada* 3-22-98 579-7103

CR2E037 (1097)