

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F11032 (2)**

1. Corporation Name  
**OUR LADY OF THE ROSARY SCHOOL, INC.**



Principal Place of Business: **10701 SW 95 ST MIAMI FL 33176**  
Mailing Address: **9768 SW 94 TERRACE MIAMI FL 33176 US**

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: **12/08/1980**  
3a. Date of Last Report: **01/24/1995**  
4. FEI Number: **59-2074432**  
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

9. Name and Address of Current Registered Agent  
**SIRVEN, MARTHA R  
9768 SW 94 TERRACE  
MIAMI FL 33176**

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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0502, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>P SIRVEN, MARTHA R.</b>	12 NAME	
13 STREET ADDRESS	<b>9768 SW 94 TERRACE</b>	13 STREET ADDRESS	
14 CITY-ST-ZIP	<b>MIAMI FL</b>	14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>ST SIRVEN, JOSE L.</b>	22 NAME	
23 STREET ADDRESS	<b>9768 SW 94 TERRACE</b>	23 STREET ADDRESS	
24 CITY-ST-ZIP	<b>MIAMI FL</b>	24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marttha R. Sirven* (PRESIDENT) 1/15/96 (305) 271-8389  
MARTHA R. SIRVEN

CR2E034 (12/95)