

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED****95 MAY -1 PM 4:24****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # M 60810**
Corporation Name**OUR LADY OF CHARITY PRIVATE SCHOOL, INC.**Principal Place of Business
**1900 W. 44TH PLACE
HIALEAH FLORIDA, 33012**Mailing Address
**1900 W. 44TH PLACE
HIALEAH FLORIDA, 33012****900001525099
-06/28/95--01005--006*********200.00 *****200.00**
DO NOT WRITE IN THIS SPACE.3. Date Incorporated or Qualified
10-15-87 3a. Date of Last Report
4-23-942. 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
304. FEI Number
65-0009157 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
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No**9. Name and Address of Current Registered Agent****NURQUEZ, LAURA
10355 N.W. 133RD STREET
HIALEAH GARDENS FL, 33016****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 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORSTITLE
P/S/T
NAME
NURQUEZ LAURA
STREET ADDRESS
1900 WEST 44TH PLACE
CITY - ST - ZIP
HIALEAH FLORIDA, 33012TITLE
D
NAME
NURQUEZ LAURA
STREET ADDRESS
1900 WEST 44TH PLACE
CITY - ST - ZIP
HIALEAH FLORIDA, 33012TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**REMITTED BY MAY 1***Sl. 195*
*ms***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 110.07(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:

Laura Nurquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*5/23/95*
Date
SS6-5494
Daytime Phone #