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Apr 18 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 # N10089 (3)

1. Corporation Name
ST. PHILLIP NERI EDUCATIONAL CENTER, INC.



Principal Place of Business Mailing Address
6181 S.W. 10 STREET % RAMON V RASCO MIAMI FL 33144
6181 S.W. 10 STREET % RAMON V RASCO MIAMI FL 33144-5145

3. Date Incorporated or Qualified 07/08/1985
3a. Date of Last Report 03/19/1996

2. Principal Place of Business 2a. Mailing Address
21 1632 SW 21 ST. 26 1632 SW 21 ST.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 % LASKAR J. STEINBERG 27 % LASKAR J. STEINBERG
City & State City & State
23 MIAMI, FL 28 MIAMI, FL
Zip Country Zip Country
24 33145-2846 25 Country 29 33145-2846 30 Country

4. FEI Number 59-2616686 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

9. Name and Address of Current Registered Agent
RASCO, RAMON V.
6181 S.W. 10 STREET
MIAMI FL 33144

10. Name and Address of New Registered Agent
81 Name LASKAR J. STEINBERG
82 Street Address (P.O. Box Number is Not Acceptable) 1632 SW 21 STREET
83
84 City MIAMI, FL FL 85 Zip Code 33145

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 *Laskar J. Steinberg* TD LASKAR J. STEINBERG
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	TD	<input checked="" type="checkbox"/> DELETE
NAME	RASCO, RAMON V.	
STREET ADDRESS	6181 S.W. 10 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARISTA, LEOPOLDO	
STREET ADDRESS	1769 SW 24TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MARIA A	
STREET ADDRESS	1540 SW 14TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEINBERG, CELIA L	
STREET ADDRESS	1632 SW 21ST ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HERRERO, MARIA C	
STREET ADDRESS	11940 SW 132 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GARCIA, LILIANA	
STREET ADDRESS	12550 SW 309T	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LASKAR J. STEINBERG	
1.3 STREET ADDRESS	1632 SW 21 ST.	
1.4 CITY-ST-ZIP	MIAMI, FL 33145-2846	
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 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: *Laskar J. Steinberg* TD LASKAR J. STEINBERG 4/3/97 305 854-6390
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0000240

CR2E037 (9/96)