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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 6181 S.W. 10 STREET % RAMON V RASCO MIAMI FL 33144		Mailing Address 6181 S.W. 10 STREET % RAMON V RASCO MIAMI FL 33144-5145	
2. Principal Place of Business 21 1632 SW 21 ST. Suite, Apt. #, etc. 22 % LASKAR J. STEINBERG City & State 23 MIAMI, FL Zip 24 33145-2846		2a. Mailing Address 26 1632 SW 21 ST. Suite, Apt. #, etc. 27 % LASKAR J. STEINBERG City & State 28 MIAMI, FL Zip 29 33145-2846	
3. Date Incorporated or Qualified 07/08/1985		3a. Date of Last Report 03/19/1996	
4. FEI Number 59-2616686		Applied For <input type="checkbox"/> Not Applicable	
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
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 <i>Laskar J. Steinberg</i> Signature, typed or printed name of registered agent and title if applicable		TD LASKAR J. STEINBERG (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD NAME RASCO, RAMON V. STREET ADDRESS 6181 S.W. 10 STREET CITY - ST - ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE TD 1.2 NAME LASKAR J. STEINBERG 1.3 STREET ADDRESS 1632 SW 21 ST. 1.4 CITY - ST - ZIP MIAMI, FL 33145-2846	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME ARISTA, LEOPOLDO STREET ADDRESS 1769 SW 24TH TERR CITY - ST - ZIP MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME GONZALEZ, MARIA A STREET ADDRESS 1540 SW 14TH TERR CITY - ST - ZIP MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME STEINBERG, CELIA L STREET ADDRESS 1632 SW 21ST ST CITY - ST - ZIP MIAMI FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME HERRERO, MARIA C STREET ADDRESS 11940 SW 132 AVE CITY - ST - ZIP MIAMI FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VS NAME GARCIA, LILIANA STREET ADDRESS 12550 SW 309T CITY - ST - ZIP MIAMI FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Laskar J. Steinberg</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		TD LASKAR J. STEINBERG 4/3/97 305 854-6390 Date Daytime Phone # 0030249	



CR2E037 (9/96)