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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29802 (8)

1. Corporation Name
OUR LADY OF SORROWS FOUNDATION, INC.



Principal Place of Business C/O MR. L.E. SUMMERFIELD 10296 SW 137TH COURT MIAMI FL 33186	Mailing Address C/O MR. L.E. SUMMERFIELD 10296 SW 137TH COURT MIAMI FL 33186-6804
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3. Date Incorporated or Qualified 12/20/1988	3a. Date of Last Report 01/26/1996
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2. Principal Place of Business 21 14 NW 48TH AVE Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33126	2a. Mailing Address 26 14 NW 48TH AVE Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33126-5223 Country 30 DADE
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4. FEI Number 65-0087996	Applied For 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

**SUMMERFIELD, L.E.
10296 SW 137TH COURT
MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	14 NW 48TH AVE
83	
84 City	MIAMI
85 Zip Code	FL 33126

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	PD	<input type="checkbox"/> DELETE
NAME	HENNEBERY, TIMOTHY	
STREET ADDRESS	10296 SW 137TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PUJALS, DR H ANDY	
STREET ADDRESS	10296 SW 137TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCDONALD, MERCEDES	
STREET ADDRESS	10296 SW 137TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HENDERSON, DORTHY	
STREET ADDRESS	10296 SW 137TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SUMMERFIELD, L.E.	
STREET ADDRESS	10296 SW 137TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14 NW 48TH AVE
1.4 CITY-ST-ZIP	MIAMI, FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	7464 SW 93RD COURT
2.4 CITY-ST-ZIP	MIAMI, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	31 NW 48TH COURT
3.4 CITY-ST-ZIP	MIAMI, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	10781 SW 165TH ST
4.4 CITY-ST-ZIP	MIAMI, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	14 NW 48TH AVE
5.4 CITY-ST-ZIP	MIAMI, FL
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: **L. E. SUMMERFIELD** 1/16/97 (305) 529-4334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027954

CR2E037 (9/96)