

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N37875** (4)

1. Corporation Name

MIRIAM VOCATIONAL SCHOOL, INC.

Principal Place of Business

**135 SW 57TH AVE
MIAMI FL 33144**

Mailing Address

**135 SW 57TH AVE
MIAMI FL 33144**



3. Date Incorporated or Qualified
04/27/1990

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2639830

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

**ODRIA, ALFRED R.
13575 SW SW 48TH TERR
MIAMI FL 33175**

81 Name

PAUL CARO

82 Street Address (P.O. Box Number is Not Acceptable)

8540 S W. 133rd. Ave. Rd. Apt. 119

83

MIAMI, FLORIDA

33183

84 City

FL

85 Zip Code

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

Paul Caro Secretary/Treasury

06/21/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	ODRIA, ALFRED R.	
STREET ADDRESS	13575 SW 48 TERR	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	ODRIA, MIRIAM	
STREET ADDRESS	13575 SW 48 TERR	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ODRIA, ALFRED A JR	
STREET ADDRESS	13575 SW 48 TERR	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	SECRETARY/TREASURY	<input type="checkbox"/> DELETE
NAME	PAUL CARO	
STREET ADDRESS	8540 S W. 133rd. Ave. Rd. #119	
CITY - ST - ZIP	Miami, Fla. 33183	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Caro PRESIDENT-DIRECTOR

06-21-96

Date

Daytime Phone #

0007523

CR2E037 (3/96)