

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N37875

1. Corporation Name

MIRIAM VOCATIONAL SCHOOL, INC.

*Amended*  
*# 61.25*

99 JUL 30 AM 10:15  
RECEIVED FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

135 SW 57TH AVE  
MIAMI FL 33144

Mailing Address

135 SW 57TH AVE  
MIAMI FL 33144



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P.O. BOX 565625		04/27/1990	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 MIAMI, FL		59-2639830	
24 Country		29 33256-5625		30 US	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
ODRIA, ALFRED R SR 13575 SW 48TH TERR MIAMI FL 33175		81 Name OLGA A. KREDI 82 Street Address (P.O. Box Number is Not Acceptable) 8045 SW 106 ST 83 84 City MIAMI FL 85 Zip Code 33156			

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

*Alfredo Odria*

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	PD	1.1 TITLE	800002959508
NAME	ODRIA, ALFRED R	1.2 NAME	-08/13/99--01086--012
STREET ADDRESS	13575 SW 48 TERR	1.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	V/TOLGA AMARY KREDI
NAME	ODRIA, MIRIAM V	2.2 NAME	D 8045 SW 106 ST
STREET ADDRESS	13575 SW 48 TERR	2.3 STREET ADDRESS	MIAMI, FL. 33156
CITY-ST-ZIP	MIAMI FL 33175	2.4 CITY-ST-ZIP	
TITLE	TS	3.1 TITLE	V/S/D MARIA CURIEL
NAME	ODRIA, ALFRED A	3.2 NAME	6011 W. 24 Ave APT #110
STREET ADDRESS	13575 SW 48TH TERR	3.3 STREET ADDRESS	MIAMI, FL. 33016
CITY-ST-ZIP	MIAMI FL 33175	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	800002959508
NAME		4.2 NAME	-08/13/99--01086--013
STREET ADDRESS		4.3 STREET ADDRESS	*****8.75 *****8.75
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

*Alfredo Odria*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/99 (305) 274-2950  
Date Daytime Phone #

0004004

CR2E037 (5/99)