FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N41223 (1)

OUR LADY OF SORROWS, INC.						
Principal Place of Business Mailing Address						01011 01016 01011 #1011 01961 1001
14 NW 48 AVE 14 NW 48 AVE MIAMI FL 33126 MIAMI FL 33126					3. Date Incorporated or Qualified 12/11/1990	
					4. FEI Number 65-0236040	Applied For Not Applicable
2. Principal F	Principal Place of Business 28. Mailing Address 26		-		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc		Suite, Apt. #, etc.			6. Election Campaign Financing	Fee Required \$5.00 May Be
22		City & State			Trust Fund Contribution	Added to Fees
23	28				7. Is this nonprofit corporation a homeowi	No No
Zip 24	Country 25	Zip 29	Country 30		8. This corporation owes or has paid the	current year Intangible
24)	9. Name and Address of Currer		30		Personal Property Tax due June 30. 10. Name and Address of New Registere	
			81	Name	To hame the Address of the Hegister	A Agont
BERGER, PHILLIP BRUCE			82		ress (P.O. Box Number is Not Acceptable)	
	V DIXIE HWY		83			
MIAMI F	L 33180			0.00		
			84	City	F	85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the obligations.	2 and 617.1508, Florida Statute of Florida. Such change was at ations of, Section 617.0503, Flori	es, the above uthorized by rida Statutes	named corpthe corporats.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered pointment as registered
GIGNATOTIC ,	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE:	: Registered Age	nt signature requir	red when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE			1.1 TITLE			Change Addition
NAME	HENNEBERY, MARC F.		1.2 NAME			
STREET ADDRESS	14 NW 48 AVE		1.3 STREET	ADDRESS		i
CITY-ST-ZIP			1.4 CITY - S	T-ZIP		
TITLE	DVP	DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS	Adda A M CT		2.3 STREET	}		
CITY-ST-ZIP TITLE			2. 4 CITY - S	iT-ZIP		
		DELETE	3.1 TITLE			Change Addition
NAME STREET ADDRESS	SUMMERFIELD, L E 10296 SW 137TH CT		3.2 NAME			
	MIAMI FL		3.3 STREET			
CITY-ST-ZIP TITLE	MIAWI FE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change Addition
NAME			4.1 ITTLE 4.2 NAME			
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME		_	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			ļ
CITY-ST-ZIP	■ ***		5.4 CITY - ST			i
TITLE		DELETE 6.1 TJ		all .		☐ Change ☐ Addition
NAME		_	6.2 NAME	1		}
STREET ADDRESS			6.3 STREET	ADDRESS		
I				ı		

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.

SIGNATURE:

FILED

Jan 20 1998 8:00am

Secretary of State