

AMENDED FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N9200000545

1. Corporation Name

ASOCIACION ANTIGUAS ALUMNAS ESCOLAPIAS, INC.

Principal Place of Business		Mailing Address <i>140813</i>	
Leira Mercedes Z 13961 SW 72 Terrace Miami, FL 33183		PO BOX 14813 Coral Gables, FL 33114	
2. Principal Place of Business 21 6701 Sunset Drive		2a. Mailing Address 26 6701 Sunset Drive	
Suite, Apt. #, etc. 22 Suite 100		Suite, Apt. #, etc. 27 Suite 100	
City & State 23 South Miami, Florida		City & State 28 South Miami, Florida	
Zip 24 33143	Country 25 US	Zip 29 33143	Country 30 US

9. Name and Address of Current Registered Agent

Mercedes Z. Leira
13961 S.W. 72nd Terrace
Miami, FL 33183

400002635194

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3. Date Incorporated or Qualified
12/01/1992

4. FEI Number
65-0449345

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

81 Name **Ernesto J. de la Fe, Esq.**

82 Street Address (P.O. Box Number is Not Acceptable)
6701 Sunset Drive

83 **Suite 100**

84 City **South Miami** FL 85 Zip Code **33143**

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

Ernesto J. de la Fe, Esq.

8/19/98

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P Gross, Thelma R 600 Grape Tree Drive 10FS Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 V de la Fe, Juana V. 7 Suffolk Avenue Hialeah, Florida 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 T Trespalacios, Mirian 2811 S.W. 18th Street Miami, Florida
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 S Gonzalez, Rosy G. 3351 S.W. 2nd Street Miami, Florida 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 D Guaty, Josefina A. 1820 S.W. 102 Avenue Miami, Florida 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 D Vazquez, Ofelia V. 13360 S.W. 1st Street Miami, Florida 33184

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, on an attachment with an address.

SIGNATURE: *Thelma R. Gross* THELMA R. GROSS 8/20/98 305-361-9717

CR2E037 (10/97)