


AMENDED

FILE NOW: FILING FEE IS \$61.25

FILED

Sep 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000545  
1. Corporation Name

ASOCIACION ANTIGUAS ALUMNAS ESCOLAPIAS, INC.

Principal Place of Business	Mailing Address
Leira Mercedes Z 13961 SW 72 Terrace Miami, FL 33183	140813 PO BOX 14813 Coral Gables, FL 33114

400002635194

-09/09/98--01036--028

\*\*\*\$1.25

3. Date Incorporated or Qualified	12/01/1992
4. FEI Number	65-0449345
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6701 Sunset Drive	26 6701 Sunset Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 100	27 Suite 100
City & State	City & State
23 South Miami, Florida	28 South Miami, Florida
Zip	Zip
24 33143	29 33143
Country	Country
25 US	30 US

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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## 9. Name and Address of Current Registered Agent

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

## 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
85 Zip Code	FL 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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P
STREET ADDRESS		1.3 STREET ADDRESS	Gross, Thelma R
CITY-ST-ZIP		1.4 CITY-ST-ZIP	600 Grape Tree Drive 10FS Key Biscayne, FL 33149
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	V
STREET ADDRESS		2.3 STREET ADDRESS	de la Fe, Juana V.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	7 Suffolk Avenue Hialeah, Florida 33010
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T	3.2 NAME	T
STREET ADDRESS	Trespalacios, Mirian	3.3 STREET ADDRESS	Trespalacios, Mirian
CITY-ST-ZIP	2811 S.W. 18th Street Miami, Florida	3.4 CITY-ST-ZIP	2811 S.W. 18th Street Miami, Florida
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	S
STREET ADDRESS		4.3 STREET ADDRESS	Gonzalez, Rosy G.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	3351 S.W. 2nd Street Miami, Florida 33135
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	Guaty, Josefina A.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1820 S.W. 102 Avenue Miami, Florida 33165
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	Vazquez, Ofelia V.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	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, or on an attachment with an address.

SIGNATURE: Thelma R. Gross THELMA R. GROSS 8/28/98 305-261-9717

CR2E037 (10/97)