FILE NOW: FILING FEE IS $61.25

~~NON~~PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N95000000380 (4)

1. Corporation Name

HOLY WISDOM INTER-FAITH COMMUNITY OF MIAMI, INCO RPORATED

300001863953
-06/17/96--01050--003
***61.25

Principal Place of Business	Mailing Address
1000 PONCE DE LEON BLVD SUITE 207 CORAL GABLES FL 33134	1000 PONCE DE LEON BLVD SUITE 207 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 01/26/1995

3a. Date of Last Report: 5-1-95

2. Principal Place of Business
21 4639 SW 75th Avenue
22 Suite, Apt. #, etc.
23 City & State: Miami, Fla. 33155
24 Zip: 33155
25 Country: U.S.

2a. Mailing Address
26 4639 SW 75th Avenue
27 Suite, Apt. #, etc.
28 City & State: Miami, Fla. 33155
29 Zip: 33155
30 Country: U.S.

4. FEI Number: 65-0556064 ☐ Applied For ☐ Not Applicable

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

MACARTHUR, DOUGLAS H
1000 PONCE DE LEON BLVD SUITE 207
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Olga L. Sanchez
82 Street Address (P.O. Box Number is Not Acceptable): 4639 SW 75th Avenue
83
84 City: Miami, FL 85 Zip Code: 33155

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: [signature] Olga L. Sanchez, Director
(Signature typed or printed of individual 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	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	CASTELLANOS, MARI		1.2 NAME	CASTELLANOS, MARI	
STREET ADDRESS	606 NW 107 AVE #8		1.3 STREET ADDRESS	1790 79th St. Causeway, #301	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, Fla. 33141	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	CONRADI, PATRICIA		2.2 NAME	Linda Adderly	
STREET ADDRESS	726 NE 92 ST		2.3 STREET ADDRESS	8015 SW 107 Av Bldg 4 #311	
CITY-ST-ZIP	MIAMI SHORES FL		2.4 CITY-ST-ZIP	Miami Fl. 33173	
TITLE	D	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	MACARTHUR, DOUGLAS H		3.2 NAME	Joeleo C. Miller	
STREET ADDRESS	7240 SW 83 PLZ C-9		3.3 STREET ADDRESS	P.O. Box 010335 (N/A)	
CITY-ST-ZIP	MIAMI FL 33143		3.4 CITY-ST-ZIP	Miami, Fla. 33101	
TITLE	SD	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	EVORA, MARTA		4.2 NAME	Mimi Planas	
STREET ADDRESS	7881 SW 14 TERR		4.3 STREET ADDRESS	5960 SW 79 Street	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami Fl 33143	
TITLE	TD	☒ DELETE	5.1 TITLE	MD	☐ Change ☒ Addition
NAME	ROJAS, SILVIA		5.2 NAME	Olga L. Sanchez	
STREET ADDRESS	6360 SW 49 ST		5.3 STREET ADDRESS	16371 SW 144 Ct.	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, Fla. 33177	
TITLE	D	☒ DELETE	6.1 TITLE	TD	☐ Change ☒ Addition
NAME	VALENTI, MARIE		6.2 NAME	Anna R. Garcia	
STREET ADDRESS	6365 SW 64 ST		6.3 STREET ADDRESS	9149 S.W. 72 Ave. , #U-4	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami, Fla. 33156	

6/17/96

CR2E037 (12/95)

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] 4-17-96 305-264-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #