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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # **N95000003383 (5)**

1. Corporation Name

FUNDACION NUESTRA SENORA DE LA ASUNCION, INC.

Principal Place of Business	Mailing Address
800 W AVE SUITE 1A MIAMI BEACH FL 33139	800 W AVE SUITE 1A MIAMI BEACH FL 33139

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 07/18/1995

4. FEI Number: 65-0667145 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [X] — **$5.00** May Be Added to Fees

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

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

9. Name and Address of Current Registered Agent

LOWENTHAL, EVELINA
800 WEST AVE. # 1A
MIAMI BCH FL 33139

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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, Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	LOWENTHAL, EVELINA	
STREET ADDRESS	800 W AVE SUITE 1A	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	[ ] DELETE
NAME	GIMENEZ, LUZ	
STREET ADDRESS	800 W AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	[ ] DELETE
NAME	RODRIGUEZ, SONIA	
STREET ADDRESS	800 W AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	[ ] DELETE
NAME	LLARRINAGA, JOSE	
STREET ADDRESS	800 W AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	[ ] DELETE
NAME	JEBAI, MERCEDES	
STREET ADDRESS	800 W AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	[ ] DELETE
NAME	REYES, MARIA	
STREET ADDRESS	800 W AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Evelina Lowenthal 17 Apr 98 305 673 5141