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

N97000001399 (1) **DOCUMENT** #

	acion internacional de Ta rosa de Lima, padre				
Principal Place of Business Mailing Address				I INDINIAL DIN INNI INDI INDII BUILI DUNTALII	F BURBA HANDO HIHAR 18479 ABRI ANDI
28 WEST FLAGLER STREET SUITE 800 MIAMI FL 33130		28 WEST FLAGLER STREET SUITE 500 MIAMI FL 33130		3. Date Incorporated or Qualified 03/13/1997 4. FEI Number	Applied For Not Applicable
_	2. Principal Place of Business 2a. Mailing Address			5. Certificate of Status Desired	\$8.75 Additional Fee Required
26 Suite, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing	\$5.00 May Be
		27		Trust Fund Conty Button	Added to Fees
City & State	9	City & State		7. Is this nonprofit corporation a homeow	
Zip	Country	28 Zip	Country	This corporation owes or has paid the	
24	25	29 3	io \	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	it Registered Agent		10 Name and Address of New Register	ed Agent
			81 Name	\ \	
	a, Francis X esq Flagler Street		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
SUITE 50			83		
MIAMI FL	. 33 130		84 City		■ 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose	
office or re agent. I a	egistered agent, or both, in the State m <mark>fa</mark> miliar with, and accept the oblig	of Florida. Such change was au ations of, Section 617.0503, Flori	ithorized by the corporat ida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the a	appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered ago OFFICERS AN		Registered Agent signature require 13.	red when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PO OFFICERS AN	D DIRECTORS	1.1 TITLE	ADDITION OF THE TOTAL OF THE PROPERTY OF THE P	Change Addition
NAME	WOO, RAYMOND		1.2 NAME		_ v
STREET ADDRESS	1105 N. VULCAN AVE	\wedge	1.3/STREET ADDRESS		
CITY-ST-ZIP	LEUCADIA CA 92024	1) \X	14 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	TOMASIO, LUIS	M = M + M + M + M + M + M + M + M + M +	2.2 NAME		
STREET ADDRESS	367 HUNTINGTON ROAD	X /	2 3 STREET ADDRESS		
CITY-ST-ZIP	BRIDGEPORT CT 06608		2.4 City-St-ZiP		
TITLE	\$TD	☐ DELETE	3.1 TITLE		Change Addition
NAME	CHIRINO, CLAUDETTE	l l	3.2 NAME		
STREET ADDRESS	92 AVOCADO PLACE	1	3.3 STREET ADDRESS		
CITY-ST-ZIP	ÇAMARILLO CA 93010		3 4. CITY-ST-ZIP		0.
TITLE	D	DELETE	4.1 THILE		Change Addition
NAME	PARRALES, NOEMI	\mathbf{V}	4 2 NAME		
STREET ADDRESS	8229 SW 107 AVENUE, #A		4 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173	DELETE	4.4 CiTY-ST-ZIP		☐ Chylinge ☐ Addition
TITLE	D BADANDIADAN DODOLEO	F-1 DELEK	5.1 TITLE		
NAME	BARANDIARAN, RODOLFO		5.2 NAME		$\langle h U \rangle$
STREET ADDRESS	9754 SW 148 CT Miami Fl 33196		5.3 STREET ADDRESS		11/1/1/2
CITY-ST-ZIP TITLE	MINUMI FL 33 180	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	900002496	L. Change
NAME		PM Neterio	6.2 NAME	04/22/9801022	-010
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	

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 truellee empowered to execute this report as required by phapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

FILED

Apr 22 1998 8:00am

Secretary of State

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Mailing Address

NONPROFIT **CORPORATION ANNUAL REPORT**

Principal Place of Business

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N97000001399 (1)

ASOCIACION INTERNACIONAL DE EX-ALUMNOS DEL COLEG IO SANTA ROSA DE LIMA, PADRES MARYKNOLL, INC.

28 West Flagler Street Suite 500 Miami Fl 33130			28 WEST FLAGLER STREET Suite 500 Miami Fl 33130			3. Date Incorporated or Qualified 03/13/1997 4. FEI Number	
						4. FEI Number X Applied For Not Applica	
Principal Place of Business 1		Place of Business	2a. Mailing Address 26			5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt. #, etc.		. #, etc.	Suite, Apt. #, etc.			Election Campaign Financing \$5.00 May Be	
22			27			Trust Fund Contribution	
23	City & Star	18	City & State			7. Is this nonprofit corporation a homeowners association? Yes No	
	Z ip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the current year Intangible	
24		9. Name and Address of Curren		30		Personal Property Tax due June 30. Yes No	
_		s. Name and Address of Curren	t negistered Agent		81 _Nami	10. Name and Address of New Registered Agent	
	CANTAN	IA, FRANCIS X ESQ		L	Fra	ncis X. Santana, Esq.	
		T FLAGLER STREET		82 Street Addr 28 We		ess (P.O. Box Number is Not Acceptable) St Flagler St.	
	SUITE 5			l l	83	ite 400	
	MIAMI FI						
					B4 City M	iami FL 85 Zip Code 33130	
71.	DIRCH OF I	reastered adent. Or boin. In the State	OI FIORIDA. SUCH CHANDE WAS AL	HIDORIZAG	ove-name	ad corporation submits this statement for the purpose of changing its registere or	
	agent. I a	im familiar with, and accept the obliga	ations of, Section 617.0503, Flor	rida Statu	ites.	and the second s	
SIG	INATURE .	Signature, typed or printed name of registered age:	nt and title if applicable. (NOTE:	Registered	Agent signatu	ure required when reinstating) OATE	
12.		OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		PD	☐ DELETE	1.1 TITL	.E	☐ Change ☐ Addil	
NAM	_	WOO, RAYMOND		1.2 NAN	AE .		
	ET ADDRESS	1105 N. VULCAN AVE		1.3 STR	eet address	5	
TITLE	-ST-ZIP	LEUCADIA CA 92024 VD	DELETE		-ST-ZIP		
NAM		TOMASIO, LUIS	AZZ DELETE	2.1 TITL		Change Addition	
	ET ADDRESS	367 HUNTINGTON ROAD		2.2 NAM		Ponce, Miguel 13/386 Samantha Ave.	
	- ST - ZIP	BRIDGEPORT CT 06608			EET ADDRESS Y-ST-ZIP	San Siese, CA. 92129	
TITLE		STD	DELETE	3.1 TITL		S7D Change Addition	
NAM	E	CHIRINO, CLAUDETTE		3.2 NAM		Chicinos Claudette	
STRE	ET ADDRESS	92 AVOCADO PLACE		3.3 STRI	EET ADDRESS		
CITY	- ST- ZIP	CAMARILLO CA 93010			Y-ST-ZIP	Cemarillo, CA. 93010	
TITLE		D	D ELETE	4.1 T/TL	E	Change Additi	
NAME	E	PARRALES, NOEMI		4. 2 NAA	ME		
STREE	et address	8229 SW 107 AVENUE, #A		4.3 STRE	EET ADDRESS		
	ST-ZIP	MIAMI FL 33173		4.4 CITY	'-ST-ZIP		
TITLE	:	D DADANGUADUN DODOUTO	☐ DELETE	5.1 TITLI		Change / Additi	
NAME		BARANDIARAN, RODOLFO		5.2 NAM		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	ET ADORESS	9754 SW 148 CT			EET ADDRESS		
TITLE	ST-ZIP	MIAMI FL 33196	DELETÉ	1	-ST-ZIP	Donas Dage	
NAME				6.1 TITLE 6.2 NAM		Change Additi	
	T ADDRESS				ET ADDRESS		
CITY-	ST-ZIP		•	64 CITY	. \$1. 7IP		
14.	I hereby c	ertify that the information supplied wit	h this filing does not qualify for	the exem	nption stat	Led in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic ignature shall have the same legal effect as if made under path; that I am an	

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 if 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 of an attachment with an address.

Claudette Chirinos, Sec./T/D 4/13/98