

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # N97000001399 (1)

1. Corporation Name

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



Principal Place of Business Mailing Address

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 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 24 Country 25 Country 29 Zip 30 Country

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be 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

9. Name and Address of Current Registered Agent

SANTANA, FRANCIS X ESQ
28 WEST FLAGLER STREET
SUITE 500
MIAMI FL 33130

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	WOO, RAYMOND	1105 N. VULCAN AVE	LEUCADIA CA 92024	<input type="checkbox"/>
VD	TOMASIO, LUIS	387 HUNTINGTON ROAD	BRIDGEPORT CT 06608	<input type="checkbox"/>
STD	CHIRINO, CLAUDETTE	92 AVOCADO PLACE	CAMARILLO CA 93010	<input type="checkbox"/>
D	PARRALES, NOEMI	8229 SW 107 AVENUE, #A	MIAMI FL 33173	<input type="checkbox"/>
D	BARANDIARAN, RODOLFO	9754 SW 148 CT	MIAMI FL 33196	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: See attached

CR2E037 (10/97)

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NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000001399 (1) 1. Corporation Name ASOCIACION INTERNACIONAL DE EX-ALUMNOS DEL COLEGIO SANTA ROSA DE LIMA, PADRES MARYKNOLL, INC.			
Principal Place of Business 28 WEST FLAGLER STREET SUITE 500 MIAMI FL 33130		Mailing Address 28 WEST FLAGLER STREET SUITE 500 MIAMI FL 33130	
2. Principal Place of Business		3. Date Incorporated or Qualified 03/13/1997	
2a. Mailing Address		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SANTANA, FRANCIS X ESQ 28 WEST FLAGLER STREET SUITE 500 MIAMI FL 33130		10. Name and Address of New Registered Agent 81. Name Francis X. Santana, Esq. 82. Street Address (P.O. Box Number is Not Acceptable) 28 West Flagler St. 83. Suite 400 84. City Miami FL 85. Zip Code 33130	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME WOO, RAYMOND STREET ADDRESS 1105 N. VULCAN AVE CITY-ST-ZIP LEUCADIA CA 92024		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VD NAME TOMASIO, LUIS STREET ADDRESS 367 HUNTINGTON ROAD CITY-ST-ZIP BRIDGEPORT CT 06608		2.1 TITLE VD 2.2 NAME Ponce, Miguel 2.3 STREET ADDRESS 13886 Samantha Ave. 2.4 CITY-ST-ZIP San Diego, CA. 92129	
TITLE STD NAME CHIRINO, CLAUDETTE STREET ADDRESS 92 AVOCADO PLACE CITY-ST-ZIP CAMARILLO CA 93010		3.1 TITLE STD 3.2 NAME Chirinos, Claudette 3.3 STREET ADDRESS 938 Barton Ave 3.4 CITY-ST-ZIP Camarillo, CA. 93010	
TITLE D NAME PARRALES, NOEMI STREET ADDRESS 8229 SW 107 AVENUE, #A CITY-ST-ZIP MIAMI FL 33173		4.1 TITLE D 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE D NAME BARANDIARAN, RODOLFO STREET ADDRESS 9754 SW 148 CT CITY-ST-ZIP MIAMI FL 33196		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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SIGNATURE: Claudette Chirinos, Sec./T/D		(305) 374-1234 4/13/98	