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Secretary of State

03-01-1999 90256 037 ****61.25
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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000000299

1. Corporation Name
 THE MOST SACRED HEART FOUNDATION, INC.

Principal Place of Business
 119 NE 62ND STREET
 2ND FLOOR
 MIAMI FL 33138

Mailing Address
 119 NE 62ND STREET
 2ND FLOOR
 MIAMI FL 33138



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	01/20/1998	65-0811946	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	Zip	Country	28	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	29	30	Trust Fund Contribution	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
MCGRORTY, RANDOLPH P 1001 7TH ST #204 MIAMI BEACH FL 33139		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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEZADIEU, MYRIAM	President	1.2 NAME		
STREET ADDRESS	8501 NE 3RD AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	EL PORTAL FL 33138		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGRORTY, RANDOLPH P	Vice President	2.2 NAME		
STREET ADDRESS	1001 7TH ST #204		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOISE, MARIE C	Treasurer	3.2 NAME		
STREET ADDRESS	9126 SW 123RD CT. STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IGBOELUSI, PROVIDENTIA	Secretary	4.2 NAME		
STREET ADDRESS	8501 NE 3RD AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	EL PORTAL FL 33138		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	FR. Thomas A. Madden	
STREET ADDRESS			5.3 STREET ADDRESS	118 N.E. 2nd Street	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	MIAMI, FL 33138	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information submitted 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 its 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 in Block 12 or Block 13 if added, with an address, with all other like empowered.

SIGNATURE: [Signature] Date: 01-04-99 Daytime Phone #: 305-758-3439

CR2E037 (1/198)