

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P95000042236 (6)**
 1. Corporation Name

SOUTHERN ASSOCIATION OF CHRISTIAN SCHOOLS, INC.



Principal Place of Business: **621 BEACON BLVD. MIAMI FL 33135**
 Mailing Address: **621 BEACON BLVD. MIAMI FL 33135**

3. Date Incorporated or Qualified: **05/31/1995**
 3a. Date of Last Report

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 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

10. Name and Address of New Registered Agent

**GONZALEZ, ENRIQUE III
 % GUNSTER YOAKLEY VALDES-PAULI & STEWART
 ONE BISCAYNE TOWER, 2 SOUTH BISCAYNE BLVD.
 MIAMI FL 33131**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required for certain filings)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> DELETE |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

1.1 TITLE: Change, Addition
 President - P/D - Director
 J.A. Enderle
 1.3 STREET ADDRESS: 621 Beacon Blvd
 1.4 CITY-ST-ZIP: Miami Florida 33135
 2.1 TITLE: Change, Addition
 S - SECRETARY
 Olga Cruz
 2.3 STREET ADDRESS: 621 Beacon Blvd
 2.4 CITY-ST-ZIP: Miami Florida 33135
 3.1 TITLE: Change, Addition
 T - TREASURER
 NORBERT Keppner
 3.3 STREET ADDRESS: 621 Beacon Blvd
 3.4 CITY-ST-ZIP: Miami Florida 33135
 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:

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 ***233.75

06-24-96 OR

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: *J. Enderle*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 3056424177
 (Corporate Phone #)

CR2E034 (3/96)