FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000042236 (6)

SOUTHERN ASSOCIATION OF CHRISTIAN SCHOOLS, INC.

Principal Place of Business Mailing Address						
821 BEACON B MIAMI FL 3313:		621 BEACON BLVD. Miami Fl 33135-2931				
		·		3. Date incorporated or Qualified 05/31/1995	3a. Date of Last Report 06/24/1996	
2. Principal Pi 21	lace of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For Not Applicable	
Suite, Apt	#. etc.	Suite, Apt. #, etc.			CO 75 A 4 4 10 10 11	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	·	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for i		
24	25		30		Yes No	
	g, Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Re	hetered Agent	
% G	IZALEZ, ENRIQUE III IUNSTER YOAKLEY VALDES-PA : BISCAYNE TOWER, 2 SOUTH			CTON ZALE, ENRIGNE odress (P.O. Box Namber & Not Adeptate Ago men, UET Rey,		
MIAI	MI FL 33131		83 / 2	UI SOU ILA AND S	nte 802	
			84 City	DRAI GABLES FL	FL 85 Zio Code /	
44 Pureuant I	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute		corporation submits this statement for the p		
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was a	authorized by the corp	pration's board of directors. I hereby accept	it the appointment as registered	
	m familiar with, and accept the oblig	//	1 1	- +		
SIGNATURE	Signature, typical or printed name or registered as		5 F ACI V C I		DATE	
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition	
NAME	ENDERLE, J.A.		1.2 NAME			
STREET ADDRESS	621 BEACON BLVD		1.3 STREET ADDRESS			
Ditristizip	MIAMI FL 33135		1.4 CITY-ST-ZIP			
TITE	S	☐ DELETE	2.1 TITLE		Change Addition	
NAME	CRUZ, OLGA		2.2 NAME			
STREET ADDRESS	621 BEACON BLVD		2.3 STREET ADDRESS			
CITY - S1 - ZIP	MIAMI FL 33135		2. 4 CITY-ST-ZIP	<u> </u>		
TITLE	VEDDUED MODDEOT	☐ DELETE	3.1 TITLE		Change Addition	
NAME	KEPPNER, NORBERT		3.2 NAME			
STREET ADDRESS	621 BEACON BLVD MIAMI FL 33135		3.3 STREET ADORESS			
CITY - S1 - ZIP	MIAMI FL 33133	Diporett	3.4. CITY - \$1 - ZIP	·	Change Addition	
TITLE		L DELETE	4.1 TITLE		Change Addition	
NAME CLOCKE ADDRESS			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHY-SI-ZIP THLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-7IF			5 4 CITY-ST-ZIP			
TITLE		DELETE	61 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I do heret	by certify that the information suppli	ed with this filing does not qualif	fy for the exemption sta	ated in Section 119.07(3)(i), Florida Statute	I further certify that the	
Lam an o	on indicated on this annual report or ifficer or director of the corporation on in Block 12 or Block 13 if changed,	or the receiver or trustee empow	rered to execute this re	that my signature shall have the same legal port as required by Chapter 607, Florida S	tatutes; and that my name	

SIGNATURE:

PRESIDET 3056424177

FILED

Apr 21 1997 8:00am

Secretary of State

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