

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764453 (7)

1. Corporation Name
MYSTICAL ROSE PRAESIDIUM OF THE LEGION OF MARY, INC.

Principal Place of Business Mailing Address
**MARY, INC.
129 ALMERIA AVENUE
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/05/1982** 3a. Date of Last Report **06/28/1994**
4. FEI Number **59-0761894** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **SAME 129 ALMERIA** 26 **3251 S.W. 60 AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **CORAL GABLES, FL** 27 **MIAMI FLORIDA**
City & State City & State
24 **33134** 25 **USA** 29 **33155** 30 **U.S.A**
Zip Country Zip Country

5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BRAKE, ROBERT M.
1830 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

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 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 ROBERT M. BRAKE **April 25, 1995**
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	D ZARZECKI, MARY 3251 SW 60 AVE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARMICHAEL, HAYDEE 1228 ANASTASIA #8 CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KARCH, REGINA 411 NW 59 COURT MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COMPANA, CECELIA 5810 SW 28 ST. MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRAS, XAVIER 1270 ANASTASIA CORAL GABLES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBREGON, AMERICA 4231 S. W. 58 AVENUE MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DS ZARZECKI, MARY 3251 S.W. 60th Ave. Miami, FL 33155
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NOT ACTIVE
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP KARCH, REGINA 411 N.W.59th Court Miami, FL 33126
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PD OBREGON, AMERICA 4231 S.W. 58 AVE. MIAMI FL 33155

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 110.07(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: MARY ZARZECKI **Mary Zarzecki** **April 25, 1995** 305-667-8142
Signature and typed or printed name of filer or officer or director Date Daytime Phone #