FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	MARY, INC. 129 ALMERIA AVENUE CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1982
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. 22	Suite, Apt. #, etc. 27
City & State 23 CORAL GABLES, FL	City & State 28 MIAMI FLORIDA
Zip / Country 24 33134 / 25 USA	Zip / Country 29 33155 / 30 U.S.A.

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. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition DS
NAME	ZARZECKI, MARY	1.2 NAME	
STREET ADDRESS	3251 SW 60 AVE	1.3 STREET ADDRESS	ZARZECKI, MARY
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	3251 S.W. 60th Ave. Miami, Fl. 33155
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition NOT ACTIVE
NAME	CARMICHAEL, HAYDEE	2.2 NAME	
STREET ADDRESS	1228 ANASTASIA #8	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	SCD	3.1 TITLE	☐ Change ☐ Addition VD
NAME	KARCH, REGINA	3.2 NAME	
STREET ADDRESS	411 NW 59 COURT	3.3 STREET ADDRESS	KARCH, REGINA 411 N.W.59th Court
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, fl.33126
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	COMPANA, CECELIA	4.2 NAME	
STREET ADDRESS	5810 SW 26 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MORRAS, XAVIER	5.2 NAME	
STREET ADDRESS	1270 ANASTASIA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL CABLES FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition PD
NAME	OBREGON, AMERICA	6.2 NAME	OBREGON, AMERICA
STREET ADDRESS	4231 S. W. 58 AVENUE	6.3 STREET ADDRESS	#231 S.W. 58 AVE.
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	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 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: MARY ZARZECKI Mary Zarzecki April 25, 1995 305-662-8142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007404