

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000944

**Entity Name:** CENTRO CULTURAL ROSACRUZ AMORC-HIALEAH, INC.

**Current Principal Place of Business:**

1671 W 37 STREET  
SUITE # 8  
HIALEAH, FL 33012

**Current Mailing Address:**

1671 W 37 STREET  
SUITE # 8  
HIALEAH, FL 33012

**FEI Number:** 65-0745575

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TRAVIESO, NILDA  
19841 WEST LAKE DRIVE  
HIALEAH, FL 33015 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** NILDA TRAVIESO

04/27/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ROPPOLO, MARTHA  
Address 6930 NW 179 STREET  
APT 303  
City-State-Zip: HIALEAH FL 33015

Title S  
Name RUBIO, HILDA  
Address 7300 W 18 AVE  
City-State-Zip: HIALEAH FL 33014

Title T  
Name MATEU, DULCE  
Address 2811 WEST 76 STREET  
APT 101  
City-State-Zip: MIAMI FL 33018

Title D  
Name TRAVIESO, NILDA L  
Address 19841 WEST LAKE DRIVE  
City-State-Zip: HIALEAH FL 33015

Title S  
Name CARRASCO, FRANCESCA  
Address 3703 NE 166 STREET, # 703  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HILDA RUBIO

**SECRETARY**

04/27/2013

Electronic Signature of Signing Officer/Director Detail

Date