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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764453 (7)
 1. Corporation Name
MYSTICAL ROSE PRAESIDIUM OF THE LEGION OF MARY, INC.

Principal Place of Business MARY, INC. 129 ALMERIA AVENUE CORAL GABLES FL 33134	Mailing Address 3251 S.W. 60 AVE. MIAMI FL 33155 US
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3. Date Incorporated or Qualified
08/05/1982

4. FEI Number
59-0761894

Applied For	Not Applicable
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21. Principal Place of Business 129 Almeria	22a. Mailing Address 3251 S.W. 60 AVE
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Coral Gables FL	28. City & State MIAMI FL
24. Zip 33134	29. Zip 33155
25. Country Code	30. Country U.S

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	ZARZECKI, MARY	
STREET ADDRESS	3251 SW 60 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KARCH, REGINA	
STREET ADDRESS	411 NW 59 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COMPANA, CECILIA	
STREET ADDRESS	5810 SW 28 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORRAS, XAVIER	
STREET ADDRESS	1270 ANASTASIA	
CITY-ST-ZIP	CORAL CABLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OBREGON, AMERICA	
STREET ADDRESS	4231 S. W. 58 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ramos, Gladys
3.3 STREET ADDRESS	6102 S.W. 13 Terr.
3.4 CITY-ST-ZIP	Miami, FL 33144
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Proctor, Ralph
5.3 STREET ADDRESS	3408 Segovia St.
5.4 CITY-ST-ZIP	Coral Gables, Fl. 33134
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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* Feb 24, 1998 667-8142

CR2E037 (10/97)