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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90003 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764453
 1. Corporation Name
MYSTICAL ROSE PRAESIDIUM OF THE LEGION OF MARY, INC.

Principal Place of Business 129 ALMERIA AVE CORAL GABLES FL 33134 US	Mailing Address 3251 S.W. 80 AVE. MIAMI FL 33155 US
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21. Principal Place of Business	22. Mailing Address	3. Date Incorporated or Qualified 08/05/1982
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-0761894
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

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
	85. Zip Code FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ZARZECKI, MARY	President	1.2 NAME	
STREET ADDRESS 3251 SW 60 AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KARCH, REGINA	Vice President	2.2 NAME	
STREET ADDRESS 411 NW 59 COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAMOS, GLADYS	Treasurer	3.2 NAME	
STREET ADDRESS 5102 S.W. 13 TERR		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33144		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRAS, XAVIER	Spiritual Director	4.2 NAME	
STREET ADDRESS 1270 ANASTASIA		4.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL		4.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PROCTOR, RALPH		5.2 NAME	
STREET ADDRESS 3408 SEGOVIA ST		5.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL 33134		5.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Obregon, America	Secretary	6.2 NAME	
STREET ADDRESS 4231 S. W. 58 Avenue		6.3 STREET ADDRESS	
CITY-ST-ZIP Miami, Fl		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, with all other like empowered.

SIGNATURE: Mary Zarzecki **SIGNATURE REQUIRED** Date: Jan 11, 1999 7-305 667-81

CR2E037 (1/98)