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Jul 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000003115 (0)  
1. Corporation Name  
CENTRO CULTURAL ROSACRUZ AMORC LOGIA MISTES INC.



Principal Place of Business Mailing Address  
11474 WEST FLAGLER ST. MIAMI F: 33174  
11474 WEST FLAGLER ST. MIAMI F: 33174-1024

3. Date Incorporated or Qualified 06/11/1996  
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0677251	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		
30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PADRON, FAUSTO  
14100 S.W. 54TH ST.  
MIAMI FL 33175

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 *Fausto Padron* *Morand* *4/25/97*  
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	Director <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<i>Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Marta Perez</i>	1.2 NAME	<i>Ann Maria Frangopolis</i>
STREET ADDRESS	<i>13707 SW Kendall Lake Blvd Apt 203</i>	1.3 STREET ADDRESS	<i>1515 SW 122 Ave Apt 1</i>
CITY-ST-ZIP	<i>Miami, FL 33186</i>	1.4 CITY-ST-ZIP	<i>Miami, FL 33184</i>
TITLE	Director <input type="checkbox"/> DELETE	2.1 TITLE	<i>Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Fausto Padron</i>	2.2 NAME	<i>Rubin Bellio</i>
STREET ADDRESS	<i>14100 SW 54 St</i>	2.3 STREET ADDRESS	<i>15132 SW 142 Ct</i>
CITY-ST-ZIP	<i>Miami, FL 33175</i>	2.4 CITY-ST-ZIP	<i>Miami, FL 33177</i>
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	<i>Maurit Romero Director</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>2015 Huanan 12</i>	3.2 NAME	<i>709 SW 202 Ave</i>
STREET ADDRESS	<i>1954 SW 65 St</i>	3.3 STREET ADDRESS	<i>Miami, FL 33174</i>
CITY-ST-ZIP	<i>Miami, FL 33135</i>	3.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<i>Rubin Bellio</i>	4.2 NAME	
STREET ADDRESS	<i>15132 SW 142 Ct</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Miami, FL 33177</i>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* *6/2/97* *305-593-2644*

CR2E037 (9/96)