

FILE NOW: FILING FEE IS \$61.25

FILED

**May 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



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

3. Date Incorporated or Qualified: **06/11/1996**
4. FEI Number: **65-0673251**
Applied For: Not Applicable:
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**PADRON, FAUSTO
14100 S.W. 54TH ST.
MIAMI FL 33175**

10. Name and Address of New Registered Agent (81-85)
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: *Fausto Padron* DATE: *4/19/98*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, ANN M	
STREET ADDRESS	1515 SW 122ND AVE APT 1	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PADROG, FAUSTO	
STREET ADDRESS	14100 SW 54TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, LUIS	
STREET ADDRESS	1954 SW 6 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERRIOG, RUBEN	
STREET ADDRESS	15532 SW 142ND CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROMERO, MANUEL	
STREET ADDRESS	799 SW 102 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>S Fernandez, Ann M</i>	
1.3 STREET ADDRESS	<i>1515 SW 122 Ave Apt 1</i>	
1.4 CITY-ST-ZIP	<i>Miami, FL 33184</i>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>D Padron, Fausto</i>	
2.3 STREET ADDRESS	<i>14100 SW 54th St.</i>	
2.4 CITY-ST-ZIP	<i>Miami, FL 33175</i>	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Hernandez, Luis</i>	
3.3 STREET ADDRESS	<i>17873 SW 114 Ave</i>	
3.4 CITY-ST-ZIP	<i>Miami, FL 33157</i>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>D Romero Manuel</i>	
4.3 STREET ADDRESS	<i>300 SW 112 Ave</i>	
4.4 CITY-ST-ZIP	<i>Miami, FL 33165</i>	
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>D Anna Toll (Artista)</i>	
5.3 STREET ADDRESS	<i>P.O. Box 651501 (NIA)</i>	
5.4 CITY-ST-ZIP	<i>Miami, FL 33265</i>	<i>5.28</i>
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<i>T Hilda Rolando</i>	
6.3 STREET ADDRESS	<i>1531 N.W. 29 St.</i>	
6.4 CITY-ST-ZIP	<i>Miami, FL 33120</i>	<i>Dep 1000</i>

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: *Fausto Padron* DATE: *4-19-98*

CFR2037 (10/97)