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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003115

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/17/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0673251
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	Trust Fund Contribution

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 Name RAFAEL SANCHEZ 82 Street Address (P.O. Box Number is Not Acceptable) 6500 S.W. 129 Ave. 83 84 City Miami 85 Zip Code FL 33183
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, ANN M 1515 S.W. 122ND AVE. APT. 1 MIAMI FL 33184	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Rafael Sanchez 6500 S.W. 129 Ave. Miami, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRON, FAUSTO 14100 S.W. 54TH ST. MIAMI FL 33175	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Luis O. Victoria 10724 S.W. 118 Place Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, LUIS 17873 S.W. 114 AVE. MIAMI FL 33157	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Viviana Alonso 10135 N.W. 9 st. Circle # 206 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERO, MANUEL 3500 S.W. 112 AVE. MIAMI FL 33165	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T Wilfredo Marti 9240 S.W. 45 Terr. Miami, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENN-TOLL, ORTIGAS P.O. BOX 651521 N/A MIAMI FL 33265	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERDEZ, ROLANDO 1531 N.W. 29TH CT. MIAMI FL 33125	6.1 TITLE 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)(l), 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/19/99 Daytime Phone #: 305-382-9789

CR2E037 (11/98)