Aprilied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9600003115

1. Corporation Name

CENTRO CULTURAL ROSACRUZ AMORC LOGIA MISTES INC.

Principal Place of Busine	959
11474 WEST FLAGLER ST	Γ.
MIAMI F: 33174	

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

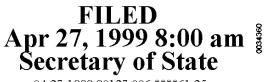
2a. Mailing Address

Suite, Apt. #, etc.

26

27

11474 WEST FLAGLER ST. MIAMI F: 33174



04-27-1999 90127 006 ****61.25



3. Date Incorporated or Qualifed

06/11/1996

65-0673251

4. FEI Number

22		27		•		0010073201		Not	Applicable	
City & Stat						5. Certifcate of Status De	5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip		Country		6. Election Campaign Fin.	ancing	\$5.00 1/	lav Be	
─ ¬; '	25	29	30			Trust Fund Contribution	- 11	Added to		
24	9. Name and Address of Current		[30]		•	10. Name and Address o				
	Ivalite and Pearling of Carrotte			81	Name	RAFAEL SANCHEZ				
PADRON.	FAUSTO			82	Street	Address (P.O. Box Number is Not	Acceptable)			
14100 S.W. 54TH ST.						5500 S.W. 129 Ave	•			
MIAMI FL				83						
1410-11411 1 6	00110			84	City			85 Zip Co	nde	
				04		Miami	F	L 33 - 33	ĩ83	
11. Pursuant office or agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State cam familiar with and accept the obligat	of Florida. Such chang ons of, Section 617.0	ge was autnom 3503, Florida S	ized by Statutes.	tne corpo	oration's position of threetons, a neighbor	DATE			
12.	OFFICERS ANI) DIRECTORS		13.		ADDITIONS/CHANGES	TO OFFICERS			
TITLE	S	□ Di	ELETE 1	.1 TITLE		D		Change	Addition	
NAME	FERNANDEZ, ANN M		1	2 NAME		Rafael Sanchez				
STREET ADDRESS	ATT ON A CONTRACT ANT A		1	.3 STREET	ADDRESS	6500 S.W. 129 Ave				
	MIAMI FL 33184			4 CITY-S		Miami, F] 33183	•			
CITY-ST-ZIP TITLE	D	IXI DI		1 TITLE				Change	Addition	
				2 NAME		D				
NAME	PADRON, FAUSTO				ADORESS	Luis O. Victoria				
STREET ADDRESS	***************************************					10724, S.W. 31186 P1	ace			
CITY-ST-ZIP	MIAMI FL 33175			. 4 CITY-S	1-ZIP	D 33100		Change	Addition	
TITLE	D	₹ <u>¥</u> U							11.	
NAME	HERNANDEZ, LUIS		l l	2 NAME		Viviana Alonso	C = 1 - #	206		
STREET ADDRESS	17873 S.W. 114 AVE.		. 3	3.3 STREET	ADDRESS	10135 N.W. 9 st.	Circle #	206		
CITY-ST-ZIP	MIAMI FL 33157			.4. CITY-S	T-ZIP	Miami, Fl 33172				
TITLE	D	⊠ Di	ELETÉ 4	1.1 TITLE		${f T}$		Change	Addition	
NAME	ROMERO, MANUEL		4	. 2 NAMÉ		Wilfredo Marti				
STREET ADDRESS	3500 S.W. 112 AVE.		4	.3 STREET	ADDRESS	9240 S.W. 45 Ter	r.			
CITY-ST-ZIP	MIAMI FL 33165		4	4 CITY-S	T-ZIP	Miami, Fl 33165				
TITLE	D	∑ D	ELETE (5.1 TITLE				Change	☐ Addition	
NAME	SENN-TOLL, ORTIGAS			.2 NAME	:					
STREET ADDRESS			5	3.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33265		6	.4 CITY-S	T- ZIP					
TITLE	T	<u>₹</u> p	ELETE	.1 TITLE				Change	Addition	
NAME	HERDEZ, ROLANDO		6	.2 NAME						
				3.3 STREET	ADDRESS					
STREET ADDRESS				3.4 CITY-S						
CITY-ST-ZIP	MIAMI FL 33125 certify that the information supplied with	a this filing does not				Lin Section 119 0"(3)(i) Florida Si	tatutes. I further	ertify that the in	formation	

indicated on this annual report or supplied with 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 the my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.