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FILED
Aug 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000000944
1. Corporation Name
CENTRO CULTURAL ROSACRUZ AMORC. - HIALEAH, INC.

Principal Place of Business: 10550 NW 77th CT. HIALEAH GARDENS, FL 33016
Mailing Address: 464 E. 44 ST. HIALEAH, FLORIDA 33013

3. Date Incorporated or Qualified: FEBRUARY 17, 1997
4. FEI Number: 650745575 Applied For: Not Applicable

2. Principal Place of Business: 10550 NW 77th CT. HIALEAH GARDENS, FL 33016
2a. Mailing Address: 464 E. 44 ST. HIALEAH, FLORIDA 33013

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

9. Name and Address of Current Registered Agent: MARTA MORALES, 464 E. 44 ST., HIALEAH, FLORIDA 33012

10. Name and Address of New Registered Agent: None

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: MARTA MORALES - PRESIDENT *Marta Morales* 6-8-98

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	MARTA MORALES	
STREET ADDRESS	464 E. 44 ST	
CITY - ST - ZIP	HIALEAH FL. 33013	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALFONSO IGLESIAS	
1.3 STREET ADDRESS	1801 E. 1st AVE.	
1.4 CITY - ST - ZIP	HIALEAH, FL. 33010	
2.1 TITLE	D/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RENE MUXON	
2.3 STREET ADDRESS	738 E. 53 ST.	
2.4 CITY - ST - ZIP	HIALEAH, FL. 33013	
3.1 TITLE	D/President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARTA MORALES	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	900002617959	
6.3 STREET ADDRESS	-08/17/98--01123--026	
6.4 CITY - ST - ZIP	***61.25	

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: *Marta Morales* Marta Morales 6-8-98 (205) 685-6775

CR2E037 (10/97)