

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000944

**FILED**  
**Apr 14, 2017**  
**Secretary of State**  
**CC6691875957**

**Entity Name:** CENTRO CULTURAL ROSACRUZ AMORC-HIALEAH, INC.

**Current Principal Place of Business:**

1671 W 37 STREET  
SUITE # 8  
HIALEAH, FL 33012

**Current Mailing Address:**

1671 W 37 STREET  
SUITE # 8  
HIALEAH, FL 33012

**FEI Number:** 65-0745575

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REYES, LIDIA  
1671 WEST 37 STREE  
8  
HIALEAH, FL 33012 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** LIDIA REYES

04/14/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ROPPOLO, MARTHA  
Address 6930 NW 179 STREET  
APT 303  
City-State-Zip: HIALEAH FL 33015

Title PRESIDENT  
Name RUBIO, HILDA  
Address 7300 W 18 AVE  
City-State-Zip: HIALEAH FL 33014

Title TREASURER  
Name ALVAREZ, JOSE  
Address 1671 W 37 AVE  
STE 8  
City-State-Zip: HIALEAH FL 33012

Title SECRETARY  
Name PEREZ, HILTRUDES  
Address 1671 W 37 STREET STE 8  
City-State-Zip: HIALEAH FL 33012

Title DIRECTOR  
Name REYES, LIDIA  
Address 1671 W 37 STREET STE 8  
City-State-Zip: HIALEAH FL 33012

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LIDIA REYES

**DIRECTOR**

04/14/2017

Electronic Signature of Signing Officer/Director Detail

Date