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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N00627 (2)

1. Corporation Name
ORDEN CABALLERO DE LA LUZ LOGIA MIAMI NUMERO 50, INC

Principal Place of Business Mailing Address
124 NW 15 AVE MIAMI FL 33125 **124 NW 15 AVE. MIAMI FL 33125**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/28/1983** 3a. Date of Last Report **02/08/1994**
4. FEI Number **50-2250504** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GONZALEZ, JUAN
1730 SW 7TH ST., APT. #1
MIAMI FL 33135**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME ABREU, LUIS
STREET ADDRESS 2352 S.W. 5TH ST.
CITY-ST-ZIP MIAMI FL
TITLE V
NAME CURZ, ABELARDO
STREET ADDRESS 5220 NW 2ND TERRACE
CITY-ST-ZIP MIAMI FL
TITLE SD
NAME GONZALEZ, JUAN
STREET ADDRESS 1730 S.W. 7TH ST.
CITY-ST-ZIP MIAMI FL
TITLE TD
NAME SERRA, RICARDO
STREET ADDRESS 445 NW 44 AVE.
CITY-ST-ZIP MIAMI FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **700001413107**
2.4 CITY-ST-ZIP **-02/23/95--01018--003**
3.1 TITLE *******68.75** *******58.75** Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Juan Gonzalez* SECRETARY 2-13-95 301 549 4879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JUAN GONZALEZ** Date **2-13-95** Chapter 13700 8