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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:31

DOCUMENT # N04072 (7)

1. Corporation Name

FEDERACION DE LOGIAS UNIDAS DE LA ORDEN CABALLER O DE LA LUZ, INC.

Principal Place of Business	Mailing Address
RIVERSIDE STATION P. O. BOX 350056 MIAMI FL 33135	124 N.W. 15TH AVE P. O. BOX 350056 MIAMI FL 31125 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/06/1984
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2424591 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GONZALEZ, JUAN R.
1781 NW 16TH TERRACE
MIAMI FL 33125

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PORTUONDO, CRUZ H.	1.2 NAME	
STREET ADDRESS	1901 SW 10TH ST	1.3 STREET ADDRESS	The Same
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	☒ Change ☐ Addition
NAME	BARRO, ERNESTO	2.2 NAME	VPD
STREET ADDRESS	1839 NW 19TH ST	2.3 STREET ADDRESS	LEMUS, DIONISIO
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	20 W 8 St # 3,Hia.Fl. 33010
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BIENVENIDO, CABRERA	3.2 NAME	
STREET ADDRESS	2028 NW 29TH ST	3.3 STREET ADDRESS	The Same
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, JUAN R.	4.2 NAME	
STREET ADDRESS	1781 NW 16TH TERR.	4.3 STREET ADDRESS	The Same
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	☒ Change ☐ Addition
NAME	MARTINEZ, MANUEL	5.2 NAME	CD
STREET ADDRESS	560 NW 59TH AVE	5.3 STREET ADDRESS	MEDINA, MANUEL
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	560 NW 59th ASve.,Mia,Fl.33126
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Cruz H. Portuondo President 1-29-95 305-642-4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0041844