

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 09 1996 8:00 am
Secretary of State

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**

3. Date Incorporated or Qualified **07/06/1984** 3a. Date of Last Report **02/03/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 124 NW 15th Ave	26 José Martí Station	59-2424591	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 Miami, Fl.	27 P.O.Box 350056	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 33125	28 Miami, Fl. 33125		
Zip	Zip		
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTUONDO, CRUZ H.	1.2 NAME	HERNANDEZ, LUIS
STREET ADDRESS	1901 SW 10TH ST	1.3 STREET ADDRESS	4610 SW 5 Terrace
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fl.
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMUS, DIONISIO	2.2 NAME	PASTOR, MARIA LUISA
STREET ADDRESS	20 W 8 STREET, #3	2.3 STREET ADDRESS	3543 SW 13 Terrace
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	Miami, Fl.
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIENVENIDO, CABRERA	3.2 NAME	PASTOR, ADALBERTO
STREET ADDRESS	2028 NW 29TH ST	3.3 STREET ADDRESS	3543 SW 13 Terrace
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Fl.
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JUAN R.	4.2 NAME	
STREET ADDRESS	1781 NW 16TH TERR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, MANUEL	5.2 NAME	
STREET ADDRESS	560 NW 59TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: Adalberto Pastor, Secretary *Adalberto Pastor* 1-23-96 643-9961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)