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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
1997



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

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

**124 NW 15TH AVE
 MIAMI FL 33125
 US**

**JOSE MARTI STATION
 P.O. BOX 350056
 MIAMI FL 33135-0056
 US**

3. Date Incorporated or Qualified **07/06/1984** 3a. Date of Last Report **02/09/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. **26** **124 NW 15th. Ave.**

22 City & State **27** Suite, Apt. #, etc.

23 **28** **Miami, Fl.**

24 Zip **25** Country **29** **33125** **30** **U.S.A.**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PORTUONDO, CRUZ H.	
STREET ADDRESS	1901 SW 10TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LEMUS, DIONISIO	
STREET ADDRESS	20 W 8 STREET, #3	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BIENVENIDO, CABRERA	
STREET ADDRESS	2028 NW 29TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JUAN R.	
STREET ADDRESS	1781 NW 16TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MEDINA, MANUEL	
STREET ADDRESS	560 NW 59TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, LUIS	
STREET ADDRESS	4610 SW 5 TERRACE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hernandez, Luis	
1.3 STREET ADDRESS	4610 SW 5 Terr.	
1.4 CITY-ST-ZIP	Miami, Fl. 33134	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pastor, Maria Luisa	
2.3 STREET ADDRESS	3543 SW 13 Terr.	
2.4 CITY-ST-ZIP	Miami, Fl. 33145	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pastor, Adalberto	
3.3 STREET ADDRESS	3543 SW 13 Terr.	
3.4 CITY-ST-ZIP	Miami, Fl. 33145	
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		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Adalberto Pastor* Adalberto Pastor Secretary 1-7-97 643-9961
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028980

CR2E037 (9/96)