

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
Feb 06 1998 8:00am
Secretary of State

DOCUMENT # NO4072 (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 124 NW 15TH AVE
MIAMI FL 33125 P.O. BOX 350056
US MIAMI FL 33125
US

3. Date Incorporated or Qualified
07/06/1984
4. FEI Number Applied For
59-2424591 Not Applicable

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

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, LUIS	1.2 NAME
STREET ADDRESS	4610 SW 5 TERR	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTOR, MARIA LUISA	2.2 NAME
STREET ADDRESS	3543 SW 13 TERR	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTOR, ADALBERTO	3.2 NAME
STREET ADDRESS	3543 SW 13 TERR	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE TD <input checked="" 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	PD <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, LUIS	6.2 NAME
STREET ADDRESS	4610 SW 5 TERRACE	6.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP

1.1 TITLE	PD	Pastor, Maria L.
1.2 NAME		3541 SW 13 Terr.
1.3 STREET ADDRESS		Mia, Fl. 33145
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	Bravo, Salvador
2.2 NAME		1892 Salerno Circle
2.3 STREET ADDRESS		Werton, F. Lauderdale Fl 33327
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	Quiros, Miriam E.
3.2 NAME		444 SW 64 Ct
3.3 STREET ADDRESS		Mia, Fl. 33144
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	Fernandez, Emilio
4.2 NAME		15430 SW 308 St
4.3 STREET ADDRESS		Leisure City Fl 33033
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Telephone # _____
Miriam E. Quiros Secretary D 1-10-98 (305) 262-0778

CR2E037 (10/97)