

FILE NOW: FILING FEE IS \$61.25

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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04072** (7)
1. Corporation Name
**FEDERACION DE LOGIAS UNIDAS DE LA ORDEN CABALLER
O DE LA LUZ, INC.**

Principal Place of Business 124 NW 15TH AVE MIAMI FL 33125 US	Mailing Address 124 NW 15TH AVE P.O. BOX 350056 MIAMI FL 33125 US
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2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified 07/06/1984	
4. FEI Number 59-2424591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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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 NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, LUIS 4610 SW 5 TERR MIAMI FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Pastor, Maria L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3541 SW 13 Terr. Mia, Fl. 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PASTOR, MARIA LUISA 3543 SW 13 TERR MIAMI FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Bravo, Salvador <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1892 Salerno Circle Werton, F. Lauderdale Fl 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PASTOR, ADALBERTO 3543 SW 13 TERR MIAMI FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE SD 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Quiros, Miriam E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 444 SW 64 Ct Mia, Fl. 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, JUAN R. 1781 NW 16TH TERR. MIAMI FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE TD 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Fernandez, Emilio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15430 SW 308 St Leisure City Fl 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MEDINA, MANUEL 560 NW 59TH AVENUE MIAMI FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, LUIS 4610 SW 5 TERRACE MIAMI FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Miriam E. Quiros **REQUIRED** Miriam E. Quiros Secretary D 1-10-98 (305) 262-0778

CR2E037 (10/97)