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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N04072

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1984	
i. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2424591	
7. City & State		27. City & State		Applied For Not Applicable	
8. Zip Country		28. Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. Zip Country		29. Zip Country		30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTOR, MARIA L	1.2 NAME	
STREET ADDRESS	3541 SW 13 TERR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33145	1.4 CITY-STATE-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAVO, SALVADOR	2.2 NAME	
STREET ADDRESS	1892 SALERMO CIRCLE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	FT LAUDERDALE FL 33327	2.4 CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIROS, MIRIAM E	3.2 NAME	
STREET ADDRESS	444 SW 64 CT	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL 33144	3.4 CITY-STATE-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, EMILIO	4.2 NAME	
STREET ADDRESS	15430 SW 308 ST	4.3 STREET ADDRESS	
CITY-STATE-ZIP	LEISURE CITY FL 33033	4.4 CITY-STATE-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-STATE-ZIP	MIAMI FL	5.4 CITY-STATE-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-STATE-ZIP	MIAMI FL	6.4 CITY-STATE-ZIP	

I 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, with all other like empowered.

SIGNATURE: *Maria L Pastor* SIGNATURE REQUIRED *2-1-99* 643-9961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)