

DOCUMENT # N46192

FILED

00 FEB 24 PM 1:57

1. Entity Name

LUZ Y VERDAD MAGAZINE INC.

Principal Place of Business

124 NW 15 AVE
MIAMI FL 33125
US

Mailing Address

124 NW 15 AVE
MIAMI FL 33125-5513
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2424591

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUIROS, MIRIAM E.
444 SW 64 CT.
MIAMI FL 33144

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP Delete
NAME PORTUONDO, JORGE
STREET ADDRESS 724 SW 11 AVE., #4
CITY-ST-ZIP MIAMI FL

TITLE DS Delete
NAME QUIROS, MIRIAM E.
STREET ADDRESS 444 SW 64 CT.
CITY-ST-ZIP MIAMI FL

TITLE DT Delete
NAME TALAVERA, MARIO DIAZ
STREET ADDRESS 140 NW 32 AVE.
CITY-ST-ZIP MIAMI FL

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Add
NAME 300003170103-7
STREET ADDRESS -03/14/00--01126--021
CITY-ST-ZIP *****61.25 *****61.25

TITLE Change Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE PORTUONDO, President 1-13-00 305-642-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #