

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12: 04

DOCUMENT # **N48625 (0)**

1. Corporation Name
LICEO LA LUZ, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 124 NW 15 AVE. MIAMI FL 33125	Mailing Address 124 NW 15 AVE. MIAMI FL 33125
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3. Date Incorporated or Qualified 04/29/1992	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0343801	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DIAZ, TALAVERA, MARIO
140 NW 32 AVE.
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ MAS, MANUEL E.	1.2 NAME	The Same
STREET ADDRESS	9701 SW 6TH ST	1.3 STREET ADDRESS	The Same
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	The Same
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, LUIS	2.2 NAME	The Same
STREET ADDRESS	4610 SW 5 TERRACE	2.3 STREET ADDRESS	The Same
CITY-ST-ZIP	MIAMI FL 33134	2.4 CITY-ST-ZIP	The Same
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTUONDO, JORGE	3.2 NAME	The Same
STREET ADDRESS	124 NW 15 AVE.	3.3 STREET ADDRESS	The Same
CITY-ST-ZIP	MIAMI FL 33125	3.4 CITY-ST-ZIP	The Same
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, MARGARITA	4.2 NAME	The Same
STREET ADDRESS	233 W 33 STREET	4.3 STREET ADDRESS	The Same
CITY-ST-ZIP	HIALEAH FL 33012	4.4 CITY-ST-ZIP	The Same
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JUAN R.	5.2 NAME	The Same
STREET ADDRESS	1781 NW 16TH TER	5.3 STREET ADDRESS	The Same
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	The Same
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTERO, JESUS	6.2 NAME	The Same
STREET ADDRESS	7369 S WATERWAY DR	6.3 STREET ADDRESS	The Same
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	The Same

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Secretary _____ 1-29-95 306-642-4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR