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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N48625 (0)

1. Corporation Name
LICEO LA LUZ, INC.



Principal Place of Business Mailing Address
124 NW 15 AVE. MIAMI FL 33125
124 NW 15 AVE. MIAMI FL 33125-5513

3. Date Incorporated or Qualified 04/29/1992
3a. Date of Last Report 01/31/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0343801 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MARTINEZ MAS, MANUEL E.	1.1 TITLE	
NAME	9701 SW 6TH ST	1.2 NAME	
STREET ADDRESS	MIAMI FL 33175	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HERNANDEZ, LUIS	2.1 TITLE	
NAME	4610 SW 5 TERRACE	2.2 NAME	
STREET ADDRESS	MIAMI FL 33134	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D PORTUONDO, JORGE	3.1 TITLE	
NAME	124 NW 15 AVE.	3.2 NAME	
STREET ADDRESS	MIAMI FL 33125	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D DELGADO, MARGARITA	4.1 TITLE	D
NAME	233 W 33 STREET	4.2 NAME	MEDINA, MANUEL
STREET ADDRESS	HIALEAH FL 33012	4.3 STREET ADDRESS	560 NW 59th, Ave.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Fl. 33126
TITLE	D PASTOR, ADALBERTO	5.1 TITLE	
NAME	3543 SW 13 TERRACE	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D QUINTERO, JESUS	6.1 TITLE	
NAME	7389 S WATERWAY DR	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* Secretary Jorge Portuondo 1-7-97 642-4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026276

CR2E037 (9/96)