FILE NOW: FILING FEE IS \$61.25

 NONPROFIT
 ORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

GRAN LOGIA DE LA FLORIDA, ORDEN CABALLERO DE LA

FILED Feb 16 1998 8:00am Secretary of State

LUZ, INC.									
Principal Place of Business		Mailing Address	Mailing Address			a negrat tenen minje sonin adden nisten äftir åldet di	BHI BIBHI (
1701-1703 N.W. MIAMI FL 33125		1701-1703 N.W. 17T MIAMI FL 33125	1701-1703 N.W. 17TH AVENDIA MIAMI FL 33125			3. Date Incorporated or Qualified		Applied For	
2. Principal Pi	ace of Business	2a. Mailing Addres	2a. Mailing Address			5. Certificate of Status Desired		.75 Additional	
Sulte, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
City & State		City & State				7. Is this nonprofit corporation a homeowners association? Yes No			
Zip 24	Country 26	Zip 29	Coun 30	try		This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent ye	ar Intangible	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
			[8	31	Name				
_	Z, SILVIO C W 49TH ST		82 Str		Street Address	street Address (P.O. Box Number Is Not Acceptable)			
#A101			[33					
MIAMI FI	L 331/9			34	City	FL	85	Zip Code	
11. Pursuant t office or re	to the provisions of Sections 6 agistered agent, or both, in the	17.0502 and 617.1508, Florida State of Florida, Such change	Statutes, the abo e was authorized	by t	named corporation	ation submits this statement for the purpose of 's board of directors. I hereby accept the ap-	of chang pointme	ing its registered int 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 ap			e required when reinstating)	DATE					
12.	OFFICERS AND DIRECTO		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition				
NAME	PEREZ, JUAN F		1.2 NAME							
STREET ADDRESS	5325 NE 1ST TERRACE		1.3 STREET ADDRESS							
CATY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	1						
TITLE	D	☐ DELETE	2.1 TITLE	V GLADYS FERNANDEZ	☐ Change	☐ Addition				
NAME	PEREZ, ALCIDES		2.2 NAME	8310 S. W. 37 St.						
STREET ADDRESS	6780 W 2 CT #312		2.3 STREET ADDRESS	MIAMI FL. 33155						
CITY-ST-ZW	HIALEAH FL		2.4 CITY - ST - ZIP	MIRMI TEL JULY						
TITLE	8	☐ DELETE	9.1 TITLE		☐ Change	Addition				
NAME	Gonzalez, Jesus		3.2 NAME	1						
STREET ADDRESS	11610 SW 181ST TERRACE		3.3 STREET ADDRESS							
CITY-ST-ZW	MIAMI FL		3.4. CITY-ST-ZIP							
TITLE	T	DELETE	4.1 TITLE		Change	Addition				
NAME	alvarez, silvio c		4. 2 NAME							
STREET ADDRESS	14690 SW 49TH ST		4.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL		4.4 CiTY-ST-ZIP							
TITLE	PD	DELETE	5.1 TITLE		☐ Change	Addition				
NAME	PEREZ, ALCIDES		5.2 NAME							
STREET ADDRESS	6780 WST 2ND CT. STE 312		5.3 STREET ADDRESS							
CITY-ST-ZIP	HIALEAH FL		5.4 CITY-ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE		Change	Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY_ST_7IP			6.4 CITY, ST., 7ID	1						

14. 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 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 conforation 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 an antisenment with an address.

strato cordony ol/15/98

305-261-8014