SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $234.25).

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 DEC 14 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N35908**

1. Corporation Name
ASOCIACION FRATERNAL LA LUZ, INC.

Principal Place of Business	Mailing Address
% EFRAIN CARRILES 4750 NW 185TH TER CAROL CITY FL 33055 OMIT	% EFRAIN CARRILES 4750 NW 185TH TER CAROL CITY FL 33055 OMIT

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 JOSE RODRIGUEZ	26 JOSE RODRIGUEZ	12/29/1989
Suite, Apt. #, etc. 22 17845 N.W. 81 CT.	Suite, Apt. #, etc. 27 17845 N.W. 81 CT.	4. FEI Number 65-0171831 ☐ Applied For ☐ Not Applicable
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 33015 Country 25 U.S.A.	Zip 29 33015 Country 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VALDES, RIGOBERTO OMIT 19652 N.W. 59 PLACE MIAMI FL 33015	81 Name JOSE RODRIGUEZ 82 Street Address (P.O. Box Number is Not Acceptable) 17845 N.W. 81 CT. 83 MIAMI, 84 City FL 85 Zip Code 33015

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 _____ 12/10/99
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	DT	☒ DELETE	1.1 TITLE	DT JOSE RODRIGUEZ ☒ Change ☐ Addition
NAME	RIGOBERTO, VALDES OMIT		1.2 NAME	
STREET ADDRESS	19652 N.W. 59 PLACE		1.3 STREET ADDRESS	17845 N.W. 81 CT.
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY-ST-ZIP	MIAMI FL. 33015
TITLE	DPT	☒ DELETE	2.1 TITLE	DPT SALVADOR BRAVO ☒ Change ☐ Addition
NAME	GONZALEZ, ORLANDO OMIT		2.2 NAME	
STREET ADDRESS	6265 W 22 CT APT 105		2.3 STREET ADDRESS	1892 SALERMO CIRCLE
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP	WESTON FORT LAUD, FL. 33327
TITLE	DS	☒ DELETE	3.1 TITLE	DS DULCE M. BRAVO ☒ Change ☐ Addition
NAME	CABRERA, AIDA OMIT		3.2 NAME	
STREET ADDRESS	5064 E 10TH ST		3.3 STREET ADDRESS	1892 SALERMO CIRCLE
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP	WESTON FORT LAUD, FL 33327
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	REINSTATEMENT 99 TS
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	100003078771--6
STREET ADDRESS			5.3 STREET ADDRESS	-12/23/99--01006--012
CITY-ST-ZIP			5.4 CITY-ST-ZIP	****236.25 ****236.25
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 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: _____ REQUIRED 12/10/99 305-819-9123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)