

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N48625

**Entity Name:** LICEO LA LUZ, INC.

**Current Principal Place of Business:**

124 NW 15 AVE.  
MIAMI, FL 33125

**Current Mailing Address:**

124 NW 15 AVE.  
MIAMI, FL 33125

**FEI Number:** 65-0343801

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FINA, AUGUSTO  
5201 NW 7 ST 403 -W  
MIAMI, FL 33126 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name VICENTE, GONZALO  
Address 8990 S. HOLLYBROOK BLVD. # 310  
City-State-Zip: PEMBROKE PINES FL 33025

Title D  
Name HERNANDEZ, LOUIS  
Address 6261 WEST FLAGLER ST. # 9  
City-State-Zip: MIAMI FL 33144

Title D  
Name PASTOR, ADALBERTO  
Address 2983 SW 21ST ST.  
City-State-Zip: MIAMI FL 33145

Title D  
Name MEDINA, MANUEL  
Address 13,700 SW 62ND ST. # 908  
City-State-Zip: MIAMI FL 33183

Title SECRETARY  
Name PORTUONDO, JORGE DR.  
Address 124 NW 15 AVE.  
City-State-Zip: MIAMI FL 33125

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JORGE PORTUONDO

**SECRETARY**

**10/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date