

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # 756713 (4)**

1. Corporation Name

**GRAN LOGIA DE LA FLORIDA, ORDEN CABALLERO DE LA LUZ, INC.**

Principal Place of Business

Mailing Address

1701-1703 N.W. 17TH AVENUE  
MIAMI FL 33125

1701-1703 N.W. 17TH AVENUE  
MIAMI FL 33125



<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> 03/11/1981		<b>3a. Date of Last Report</b> 04/12/1995	
<b>21</b>		<b>26</b>		<b>4. FEI Number</b> 59-1577006		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>22</b> Suite, Apt. #, etc.		<b>27</b> Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>23</b> City & State		<b>28</b> City & State		<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>24</b> Zip	<b>25</b> Country	<b>29</b> Zip	<b>30</b> Country	<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GARCIA-TURINO, ROLANDO**  
1701-1703 NW 17TH AV  
#A101  
MIAMI FL 33125

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code FL

**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

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>VD</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>GONZALEZ, ENRIQUEZ</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>3313 W. DEWEY ST.</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL</b>	<b>1.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>PEREZ, ALCIDES</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>6780 W 2 CT #312</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>HIALEAH FL</b>	<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>S</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MORA, ORLANDO C.</b>	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>625 E. 30TH ST.</b>	<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>HIALEAH FL</b>	<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>T</b>	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>GARCIA-TURINO, ROLANDO</b>	<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>1041 NW 32 PL</b>	<b>4.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	<b>4.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>PD</b>	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>VIERA, JOSE A.</b>	<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>2990 SW 6TH ST</b>	<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL</b>	<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	

**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)(k), 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 no address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)