FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

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

LUZ, IN	ic.					
Principal Place of Business		Mailing Address		1 100111 10041 01110 01111 10061 1160	f soll miøst firett filmer delte einer mindt	
1701-1703 N.W. 17TH AVENDIA MIAMI FL 33125		1701-1703 N.W. 17TH AVENDIA MIAMI FL 33125				
				3. Date Incorporated or Qualified 03/11/1981	3a. Date of Last Report 05/01/1996	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 59-1577006	Applied For	
Suite, Apt i	# oto	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional	
22	, 00	27		5. Certificate of Status Desired	Fee Required	
City & State		City & State	}- ¬ '		\$5.00 May Be	
23		28	Country	Trust Fund Contribution	Added to Fees	
Zip	Country 25	Zip 3	Country	8. This corporation has liability for Florida Statutes	Intangible tax under s. 199.032,	
24	9. Name and Address of Curren		10]	10. Name and Address of New Re		
			81 Name	SILVIO CORDOVA ALV	AREZ	
			B2 Street A	et Address (P.O. Box Number is Not Acceptable)		
1701-1703 NW 17TH AV			83			
#A101.			140	690 S. W. 49 St.		
MIAMI F	L 33125		84 City	MIAMI	FL 85 393175	
11. Pursuant t	to the provisions of Sections 817.050	2 and 617.1508, Florida Statutes	s, the above named	corporation submits this statement for the poration's board of directors. I hereby acce	purpose of changing its registered	
office or y agent. Lar	egistered agent, or both, in the State m familia/ with and accepting oblig	of Florida. Such change was au Ations of, Section 617,0503, Flori	ithorized by the corp ida_Statutes.	poration's board of directors. I hereby acce	pr the appointment as registered	
SIGNATURE	1/Moro Coller	SIIVIO COI	ruova II	easurer. Oc/c4/	91	
	State of typed or printed name of registered age	ent and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12	
12. TITLE	VD	DELETE	1.1 TITLE	D	Change X Addition	
NAME	GONZALEZ, ENRIQUEZ		1.2 NAME	JUAN F. PEREZ		
STREET ADDRESS	3313 W. DEWEY ST.		1.3 STREET ADDRESS	5325 N.E.1 Terrace		
C(TY+ST+ZIP	TAMPA FL		1.4 CITY - ST - ZIP	Fort Lauderdale Fl		
TITLE	D	DELETÉ	2.1 TITLE	AT ADAG DEDMANDER	Change 🔀 Addition	
NAME :	PEREZ, ALCIDES		2.2 NAME 2.3 STREET ADDRESS	GLADYS FERNANDEZ 8310 S. W. 37 St.		
STREET ADDRESS	6780 W 2 CT #312 HIALEAH FL		2.4 CITY-ST-ZIP	MIAMI FL. 33155	ŗ	
CHY-ST-ZIP TILLE	S	DELETE	3.1 TITLE	S	Change 🔀 Addition	
NAME	MORA, ORLANDO C.	-	32 NAME	JESUS GONZALEZ		
STREET ADDRESS	625 E. 30TH ST.		3 3 STREET ADDRESS	11610 S. W. 181 T	'errace	
CHTY+ST+ZIP	HIALEAH FL	Morrett	3 4. C(TY-ST-ZIP	MIAMI FL33157	Change X Addition	
THILE	T CAROLA THOUND DOLANDO	⊠ DELETE	4.1 TITLE	SILVIO CORDOVA AL		
NAME :	GARCIA-TURINO, ROLANDO 1041 NW 32 PL		4.2 NAME 4.3 STREET ADDRESS	14690 S. W. 49 St		
STREET ADDRESS CITY-S1-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI F1. 33175		
TILE	PD	⊠ DELETE	5.1 TITLE	PD	Change Addition	
NAME	VIERA, JOSE A.	·	5.2 NAME	ALCIDES PEREZ		
STREET ADDRESS	2990 SW 6TH ST		5.3 STREET ADDRESS	6780 W.2 CT #312		
CHTY - ST - ZIP	MIAMI FL	T pritte	5.4 CITY - ST - ZIP	HIALEAH F1.33012	Change Addition	
TITLE		☐ DELETE	6.1 TITLE 6.2 NAME		Ti cuquite Ti vocilion	
NAME STREET ADDRESS			6.3 STREET ADDRESS			

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 clock 13 if changed, or on an appearance of the corporation of the corporation of 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 clock 13 if changed, or on an appearance of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name Silvio Cordova

SIGNATURE:

STREET ADDRESS

02/24/97

305-261-8014

FILED

Mar 20 1997 8:00am

Secretary of State