

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90125 044 ****70.00

DOCUMENT # 756713

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified
03/11/1981

4. FEI Number
59-1577006

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**ALVAREZ, SILVIO C
14690 SW 49TH ST
#A101
MIAMI FL 33175**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *Silvio Cordova*
Signature, typed or printed name of registered agent and title if applicable.

Silvio Cordova Treasurer.

02/09/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D PEREZ, JUAN F**
STREET ADDRESS **5325 NE 1ST TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☒ DELETE
NAME **D PEREZ, ALCIDES**
STREET ADDRESS **6780 W 2 CT #312**
CITY-ST-ZIP **HAIALEAH FL**

TITLE ☒ DELETE
NAME **S GONZALEZ, JESUS**
STREET ADDRESS **11610 SW 181ST TERRACE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME **T ALVAREZ, SILVIO C**
STREET ADDRESS **14690 SW 49TH ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE
NAME **PD PEREZ, ALCIDES**
STREET ADDRESS **6780 WST 2ND CT. STE 312**
CITY-ST-ZIP **HAIALEAH FL**

TITLE ☒ DELETE
NAME **V FERNANDEZ, GLADYS**
STREET ADDRESS **8310 SW 37TH ST**
CITY-ST-ZIP **MIAMI FL 33155**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D ALBERTO J. RAMIREZ**
1.3 STREET ADDRESS **1601 N. W. 36 Ave.**
1.4 CITY-ST-ZIP **MIAMI FL. 33125**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VD ALEJANDRO GUTIERREZ**
2.3 STREET ADDRESS **4346 Crest Dele St.**
2.4 CITY-ST-ZIP **Palm Beach Fl. 33410**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **S OLGA N. RAMIREZ**
3.3 STREET ADDRESS **1601 N. W. 36 Ave.**
3.4 CITY-ST-ZIP **MIAMI FL. 33125**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **T SILVIO CORDOVA**
4.3 STREET ADDRESS **14690 S.W. 49 St.**
4.4 CITY-ST-ZIP **MIAMI FL. 33175**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **PD JUAN F. PEREZ**
5.3 STREET ADDRESS **5325 N.E. 1st Terrace**
5.4 CITY-ST-ZIP **Fort Lauderdale FL. 33155**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 *Silvio Cordova* **Silvio Cordova** 02/09/99 305-261-8014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0084954