

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:53

DOCUMENT # 758518 (5)

1. Corporation Name

SUPREMA LOGIA ORDEN CABALLERO DE LA LUZ, INC.

Principal Place of Business

Mailing Address

13400 S.W. 62ND STREET
SUITE A101
MIAMI FL 33183

13400 S.W. 62ND STREET
SUITE A101
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 05/27/1981 3a. Date of Last Report 03/16/1994

4. FEI Number 59-2458643 Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐ \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZAMORA, MARIA
13400 S.W. 62ND STREET
SUITE A101
MIAMI FL 33183

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
PEREZ, JOSE LUIS
1924 NW 19TH AVE.
MIAMI FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change ☐ Addition ☐

T
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VARONA, PEDRO
2881 SW 7 ST
FT LAUDERDALE FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change ☐ Addition ☐

D
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ZAMORA, REINEL
13400 SW 62ND ST #A101
MIAMI FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change ☐ Addition ☐

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 110.07(3)(4), 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.

SIGNATURE:

Reinel Zamora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REINEL ZAMORA - DIRECTOR

Date

Daytime Phone #

4-11-95 3023826731

0048078