FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:28

DOCUMENT # N00919 (3)

1. Corporation Name

ORDEN CABALLERO DE LA LUZ, "LOGIA REGRESO A CUBA NUMERO 334, INC

Principal Place of Business	Mailing Address
124 NW 15 AVE. MIAMI FL 33125 US	124 NW 15 AVE. MIAMI FL 33125 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1984
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2361403 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HERNANDEZ, CONSTANTINO
43 NW 65 AVE
MIAMI FL 33126

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	MORALES, CARLOS	1.2 NAME	PD
STREET ADDRESS	1512 SW 11 TERR	1.3 STREET ADDRESS	Rodriguez, Nicolas
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	710 SW 114 Ave,Mia,Fl.33174
TITLE	VPD	2.1 TITLE	☒ Change ☐ Addition
NAME	RODRIGUEZ, NICOLAS	2.2 NAME	VPD
STREET ADDRESS	710 SW 114 AVE	2.3 STREET ADDRESS	Blanco, Agustin
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	6945 W 2 CT, Hia, Fl. 558-0197 33014
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	PORTUONDO, JORGE	3.2 NAME	
STREET ADDRESS	1901 SW 10 ST	3.3 STREET ADDRESS	The Same
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	PASTOR, ADALBERTO	4.2 NAME	
STREET ADDRESS	3541 SW 13 TERRACE	4.3 STREET ADDRESS	The Same
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☒ Change ☐ Addition
NAME	SARDIFIAS, RENE	5.2 NAME	SD
STREET ADDRESS	765 E. 8TH ST.	5.3 STREET ADDRESS	Rene Olavarrieta
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	2534 SW 3 St,Mia,Fl. 33135
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: Jorge Portuondo Jorge Portuondo Secretary 1-29-95 305-642-4337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0040031