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

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

3. Date Incorporated or Qualified: **01/16/1984**

3a. Date of Last Report: **02/09/1995**

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

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 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 _____ 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	☐ DELETE	11 TITLE	PD	☐ Change ☐ Addition
NAME	RODRIGUEZ, MICOLAS		12 NAME	BLANCO, AGUSTIN	
STREET ADDRESS	710 SW 114 AVE		13 STREET ADDRESS	6945 W 2 Ct.	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	Hialeah, Fl.	
TITLE	VPD	☐ DELETE	21 TITLE	VPD	☐ Change ☐ Addition
NAME	BLANCO, AGUSTIN		22 NAME	RODRIGUEZ, EVELIO	
STREET ADDRESS	6945 W 2ND CT		23 STREET ADDRESS	442 SW 9 St. Apt. 1	
CITY-ST-ZIP	HIALEAH FL		24 CITY-ST-ZIP	Miami, Fl.	
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	PORTUONDO, JORGE		32 NAME		
STREET ADDRESS	1901 SW 10 ST		33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		34 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	PASTOR, ADALBERTO		42 NAME		
STREET ADDRESS	3541 SW 13 TERRACE		43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		44 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	51 TITLE	SD	☐ Change ☐ Addition
NAME	OLAVARRIETA, RENE		52 NAME	PADILLA, FLORENTINO	
STREET ADDRESS	2534 SW 3 ST		53 STREET ADDRESS	1381 NW 33 St.	
CITY-ST-ZIP	MIAMI FL		54 CITY-ST-ZIP	Miami, Fl.	
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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 an address.

SIGNATURE: Jorge Portuondo, Secretary 1-23-96 577-1342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #