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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N00919

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/16/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2361403 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RODRIQUEZ, JORGE		1.2 NAME	CAMEJO, LUIS E.	
STREET ADDRESS	124 NW 15 AVE		1.3 STREET ADDRESS	12401 W Ockechobee Rd Lot N 56	
CITY-ST-ZIP	MIAMI FL 33125		1.4 CITY-ST-ZIP	Hialeah Garden, Fl., 33016	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	BARRIOS, EPIFANIO		2.2 NAME	PALOMO, JESUS E.	
STREET ADDRESS	579 E 55 ST		2.3 STREET ADDRESS	3625 NW 12 Terr.	
CITY-ST-ZIP	HIALEAH FL 33013		2.4 CITY-ST-ZIP	Miami, Fl., 33125	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	PORTUONDO, JORGE		3.2 NAME	PORTUONDO, JORGE	
STREET ADDRESS	1901 SW 10 ST		3.3 STREET ADDRESS	124 NW 15 Ave.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, Fl., 33125	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PASTOR, ADALBERTO		4.2 NAME	The same	
STREET ADDRESS	3541 SW 13 TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	SD	☐ Change ☐ Addition
NAME	PADILLA, FLORENTINO		5.2 NAME	PADILLA, FLORENTINO	
STREET ADDRESS	1381 NW 33 STREET		5.3 STREET ADDRESS	511 E 47 St.	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Hialeah, Fl., 33013	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Jorge Portuondo, Secretary SIGNATURE REQUIRED 1-08-99 642-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #