

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 # **N06644** (1)

1. Corporation Name

ASOCIACION MASONICA LUZ Y CONSTANCIA NON-PROFIT CORPORATION

Principal Place of Business

Mailing Address

% REINALDO DAVILA
600 WEST 29TH STREET
HIALEAH FL 33012-5604

% REINALDO DAVILA
600 WEST 29TH STREET
HIALEAH FL 33012-5604

3. Date Incorporated or Qualified
01/01/1985

3a. Date of Last Report
01/26/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REINALDO, DAVILA
600 W. 29 STREET, JOSE MARTI BLVD.
HIALEAH FL 33010

81 Name

400001728794

82 Street Address (P.O. Box, etc.)

03701796-0107--022

83

*****61.25**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIGLER, JOSE	
STREET ADDRESS	2775 W. OKEECHOBEE RD.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VID	<input type="checkbox"/> DELETE
NAME	MOURIZ, FELIX L.	
STREET ADDRESS	550 NW 51ST AVE., APRO-18	
CITY-ST-ZIP	MIAMI FL	
TITLE	V2D	<input type="checkbox"/> DELETE
NAME	PINEIRO, INOCENTE	
STREET ADDRESS	1728 SW 14TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAVILA, REINALDO	
STREET ADDRESS	512 E. 33RD STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GONZALEZ, FERNANDO	
STREET ADDRESS	11870 S.W. 25 TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	3, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Felix L Mouriz	
1.3 STREET ADDRESS	550 N.W. 51 Av.	
1.4 CITY-ST-ZIP	Miami, Fla, 33120	
2.1 TITLE	V.1, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fernando Gonzalez	
2.3 STREET ADDRESS	11870 S.W. 25 Terra	
2.4 CITY-ST-ZIP	Miami, Fla, 33175	
3.1 TITLE	V.2.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Questo Molina	
3.3 STREET ADDRESS	258 E 13 St.	
3.4 CITY-ST-ZIP	Hialeah, Fla, 33013.	
4.1 TITLE	T D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Reinaldo Davila	
4.3 STREET ADDRESS	512 E 33 St.	
4.4 CITY-ST-ZIP	Hialeah, Fla, 33013 Fla,	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mario R Hernandez	
5.3 STREET ADDRESS	3170 N.W. 18 St.	
5.4 CITY-ST-ZIP	Miami, Fla, 33120.	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

Reinaldo Davila

1-23-1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

