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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N06644

1. Corporation Name  
**ASOCIACION MASONICA LUZ Y CONSTANCIA NON-PROFIT CORPORATION**

Principal Place of Business: % REINALDO DAVILA, 600 WEST 29TH STREET, HIALEAH FL 33012-5604  
 Mailing Address: % REINALDO DAVILA, 600 WEST 29TH STREET, HIALEAH FL 33012-5604



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 01/01/1985	4. FEI Number 59-2506903 Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent REINALDO, DAVILA 800 W. 29 STREET, JOSE MARTI BLVD. HIALEAH FL 33010	10. Name and Address of New Registered Agent 81 Name: Alfredo Valdés 82 Street Address (P.O. Box Number is Not Acceptable): 600 West 29 Street, Jose Marti Blvd 83 Hialeah Fla. 33010 84 City: FL 85 Zip Code
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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: *Alfredo Valdés* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: ULDANIVIA, NORMANDO STREET ADDRESS: 944 E 32 ST CITY-ST-ZIP: HIALEAH FL 33013	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VID NAME: ALVAREZ, CORALIO C STREET ADDRESS: 4253 SW 6 ST CITY-ST-ZIP: MIAMI FL 33134	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V2D NAME: NAVARRO, RAUL STREET ADDRESS: 153-16 SW 72 ST CITY-ST-ZIP: MIAMI FL 33193	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: DAVILA, REINALDO STREET ADDRESS: 512 E. 33RD STREET CITY-ST-ZIP: HIALEAH FL 33013	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VID NAME: VALDES FELIPE, ALFREDO STREET ADDRESS: 331 NW 64 AVE CITY-ST-ZIP: MIAMI FL 33128	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V2D NAME: MORRI, FELIX STREET ADDRESS: 550 NW 51 AVE., APT. 18 CITY-ST-ZIP: MIAMI FL 33128	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Alfredo Valdés* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: *March 2 / 1999* Daytime Phone #

CRZE037 (1/98)