

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 # **W33969**
1. Corporation Name

Principal Place of Business Mailing Address

801 GEORGIA ST.
KEY WEST, FL
33040

SAME

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business
21 801 GEORGIA ST.
Suite, Apt #, etc
22 City & State
23 KEY WEST, FL
Zip 33040 Country
24 MONROE
25 26 Mailing Address
27 SAME
28 Suite, Apt #, etc
29 City & State
30 Zip Country

4. FEI Number 59-1955095
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

9. Name and Address of Current Registered Agent

JOSE L. RAMIREZ

10. Name and Address of New Registered Agent

81 Name JOSE L. RAMIREZ
82 Street Address (P.O. Box Number is Not Acceptable)
1217 ELIZA ST
83 KEY WEST,
84 City FL 85 Zip Code 33040

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]* (JOSE F. RODRIGUEZ)
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE GRAN SECRETARY ☐ DELETE
NAME RAMIREZ, JOSE L.
STREET ADDRESS 1217 ELIZA ST
CITY-ST-ZIP KEY WEST, FL 33040

TITLE GRAN TESOPELA ☐ DELETE
NAME RAMIREZ, ISABEL
STREET ADDRESS 1217-ELIZA ST
CITY-ST-ZIP KEY WEST, FL 33040

TITLE GRAN LUMINAR ☐ DELETE
NAME AGUILAR MANUEL
STREET ADDRESS #2 KINGBIRD RD
CITY-ST-ZIP KEY WEST, FL 33041

TITLE INNER GUARD ☐ DELETE
NAME MAQUIRA, LUIS
STREET ADDRESS 1547-NYA ST
CITY-ST-ZIP KEY WEST, FL 33040

TITLE TRUSTEE (Present LUMINA (Head)) ☐ DELETE
NAME VALDEZ, EVELIO JR.
STREET ADDRESS 1400 PATRICIA ST
CITY-ST-ZIP KEY WEST, FL 33040

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME 000001935410
13 STREET ADDRESS -08/29/96--01015--005
14 CITY-ST-ZIP *****61.25 *****61.25

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* PAST GRAN SECRETARY
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (JOSE F. RODRIGUEZ)

Date Daytime Phone #

CR2E037 (12/95)