


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N35908 (5)		
1. Corporation Name ASOCIACION FRATERNAL LA LUZ, INC.		

Principal Place of Business % EFRAIN CARRILES 4750 NW 185TH TER CAROL CITY FL 33055	Mailing Address % EFRAIN CARRILES 4750 NW 185TH TER CAROL CITY FL 33055
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 12/29/1989	3a. Date of Last Report 04/03/1996
4. FEI Number 65-0171831	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARRILES, EFRAIN 4750 NW 185TH TER CAROL CITY FL 33055	
81 Name Rigoberto Valdes	82 Street Address (P.O. Box Number is Not Acceptable) 1875 W 56 ST apt 112
83	
84 City Hialeah	85 Zip Code FL 33012

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 **DT Rigoberto Valdes** 7-21-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE DT	<input checked="" type="checkbox"/> DELETE
NAME MATAS, JESUS	
STREET ADDRESS 5580 W 21ST CT #311	
CITY-ST-ZIP HIALEAH FL	
TITLE DPT	<input checked="" type="checkbox"/> DELETE
NAME CARRILES, EFRAIN	
STREET ADDRESS 4750 NW 185TH TER	
CITY-ST-ZIP CAROL CITY FL	
TITLE DS	<input type="checkbox"/> DELETE
NAME CABRERA, AIDA	
STREET ADDRESS 5064 E 10TH ST	
CITY-ST-ZIP HIALEAH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DT Rigoberto Valdes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 1875 W 56 ST apt 112	
1.4 CITY-ST-ZIP Hialeah FL 33012	
2.1 TITLE DPT Orlando Gonzalez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 6265 W 22 CT apt. 105	
2.4 CITY-ST-ZIP Hialeah FL 33017	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

SIGNATURE **DT Rigoberto Valdes** 7/21/97 (205) 918-1657

CR2E037 (4/97)