

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

99 DEC 14 AM 10:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N35908

1. Corporation Name

ASOCIACION FRATERNAL LA LUZ, INC.

Principal Place of Business

% EFRAIN CARRILES
 4750 NW 185TH TER
 CAROL CITY FL 33065

Mailing Address

% EFRAIN CARRILES
 4750 NW 185TH TER
 CAROL CITY FL 33065



2. Principal Place of Business

21 **JOSE RODRIGUEZ**
 Suite, Apt. #, etc.
 22 **17845 N.W. 81 CT.**
 City & State
 23 **MIAMI, FL.**
 Zip Country
 24 **33015** 25 **U.S.A.**

2a. Mailing Address

26 **JOSE RODRIGUEZ**
 Suite, Apt. #, etc.
 27 **17845 N.W. 81 CT.**
 City & State
 28 **MIAMI, FL.**
 Zip Country
 29 **33015** 30 **U.S.A.**

3. Date Incorporated or Qualified

12/29/1989

4. FEI Number
 65-0171831

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

9. Name and Address of Current Registered Agent

VALDES, RIGOBERTO
 19652 N.W. 59 PLACE
 MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name **JOSE RODRIGUEZ**
 82 Street Address (P.O. Box Number is Not Acceptable)
17845 N.W. 81 CT.
 83 **MIAMI,**
 84 City **MIAMI,** 85 State **FL** 86 Zip Code **33015**

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]

12/10/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	RIGOBERTO, VALDES	
STREET ADDRESS	19652 N.W. 59 PLACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, ORLANDO	
STREET ADDRESS	6265 W 22 CT APT 105	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DS	<input checked="" 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSE RODRIGUEZ	
1.3 STREET ADDRESS	17845 N.W. 81 CT.	
1.4 CITY-ST-ZIP	MIAMI FL. 33015	
2.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SALVADOR BRAVO	
2.3 STREET ADDRESS	1892 SALEMNO CIRCLE	
2.4 CITY-ST-ZIP	WESTON FORT LAUD, FL. 33327	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DULCE M. BRAVO	
3.3 STREET ADDRESS	1892 SALEMNO CIRCLE	
3.4 CITY-ST-ZIP	WESTON FORT LAUD, FL 33327	
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		

REINSTATEMENT 99:1 TS

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 ***236.25 ***236.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

[Signature]

REQUIRED

12/10/99

305-819-9123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

000270

CR2E037 (5/99)