FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 28 PM 7:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003214 (3)**

1. Corporation Name

SEE THE LIGHT, INC.

Principal Place of Business	Mailing Address
7475 NW 63RD ST MIAMI FL 33166	7475 NW 63RD ST MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1994
3a. Date of Last Report:
4. FEI Number: 65-0560462 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 7475 NW 63 Street	26 7475 NW 63 St.
Suite, Apt. #, etc. 22 Suite B	Suite, Apt. #, etc. 27 Suite - B
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip / Country 24 33166 25 USA	Zip / Country 29 33166 30 USA.

9. Name and Address of Current Registered Agent

~~DIAZ, ANA MARIA~~
~~7475 NW 63RD ST~~
~~MIAMI FL 33166~~

10. Name and Address of New Registered Agent

81 Name: Amado Diaz, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 7475 NW 63 Street
83: Suite B.
84 City: MIAMI **FL** 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Amado Diaz Jr. Pdt. 3/8/95.
Signature, typed or printed name of registered agent and 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	PRESIDENT / DIRECTOR	11 TITLE	☐ Change ☐ Addition
NAME	AMADO Diaz JR.	12 NAME	
STREET ADDRESS	14601 MUSTANG TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale FL 33330	14 CITY-ST-ZIP	
TITLE	VICE-PRESIDENT/Director	21 TITLE	☐ Change ☐ Addition
NAME	Ana Maria Diaz	22 NAME	
STREET ADDRESS	2852 NW 13 St.	23 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33125	24 CITY-ST-ZIP	
TITLE	Secretary / Director	31 TITLE	☐ Change ☐ Addition
NAME	Sylvia Diaz	32 NAME	
STREET ADDRESS	14601 MUSTANG TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL. 33330	34 CITY-ST-ZIP	
TITLE	Treasurer	41 TITLE	☐ Change ☐ Addition
NAME	Gelcy Diaz	42 NAME	
STREET ADDRESS	2852 NW 13 Street	43 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33125	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: [signature] 3/8/95 305-477-9111
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0043962