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 # **728777** **(4)**

1. Corporation Name
CHURCH OF THE LUKUMI BABALU AYE, INC.

Principal Place of Business	Mailing Address
2481 WEST 60 PLACE #102 HIALEAH FL 33016 US	2481 WEST 60 PLACE #102 HIALEAH FL 33016 US

3. Date Incorporated or Qualified: 01/14/1974	3a. Date of Last Report: 07/28/1995
4. FEI Number: NOT APPLICABLE	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 2481 West 60 place	26 P.O. BOX 2627
Suite, Apt. #, etc. 22 #102	Suite, Apt. #, etc. 27
City & State 23 HIALEAH, FL	City & State 28 HIALEAH, FL
Zip 24 33016 Country 25 USA	Zip 29 33012 Country 30 USA

9. Name and Address of Current Registered Agent

PICHARDO, FERNANDO
9591 FONTAINEBLEAU BLVD.
SUITE 217
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number Is Not Acceptable):
83
84 City: FL 85 Zip Code:

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ERNESTO, PICHARDO L		1.2 NAME	ERNESTO, PICHARDO L.	
STREET ADDRESS	9591 FONTAINEBLEAU BLVD.,SUITE 217		1.3 STREET ADDRESS	2481 WEST 60 PLACE #102	
CITY-ST-ZIP	MIAMI FL 33172		1.4 CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARMEN, PLA		2.2 NAME		
STREET ADDRESS	9591 FONTAINEBLEAU BLVD., SUITE 217		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PICHARDO, FERNANDO		3.2 NAME		
STREET ADDRESS	9591 FONTAINEBLEAU BLVD., SUITE 217		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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 if changed, or on an attachment with an address.

SIGNATURE: ERNESTO PICHARDO ; by L. Ernesto Pichardo, PD 2/20/96 820-1140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #