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Feb 28 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 # **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	PO BOX 2627 HIALEAH FL 33012-0627

3. Date Incorporated or Qualified: 01/14/1974
3a. Date of Last Report: 02/29/1996

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):

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

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:
82 Street Address (P.O. Box Number is Not Acceptable): 2481 WEST 60th PLACE
83: #102
84 City: HIALEAH FL 85 Zip Code: 33016

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: FERNANDO PICHARDO, STD — FEBRUARY 19, 1997
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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ERNESTO, PICHARDO L		1.2 NAME		
STREET ADDRESS	2581 WEST 60 PLACE #102		1.3 STREET ADDRESS	2481 WEST 60th PLACE #102	
CITY-ST-ZIP	HIALEAH FL 33016		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	5665 WEST 20th AVE. #101	
CITY-ST-ZIP	MIAMI FL 33172		2.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
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	5665 WEST 20th AVE. #101	
CITY-ST-ZIP	MIAMI FL 33172		3.4 CITY-ST-ZIP	HIALEAH, FL. 33012	
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		

CR2E037 (9/96)

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: FERNANDO PICHARDO, STD — FEBRUARY 19, 1997 — (305)819-9333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0022626