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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS.

DOCUMENT # 728777

(4)

CHURCH OF THE LUKUMI BABALU AYE. INC. Principal Place of Busness Mailing Address 288 WEST 60 PACE PO BOX 2627 HALEAN FL 30016 180 PO BOX 2627 HALEAN FL 30016 28 Principal Place of Busness 29 Principal Place of Busness 20 Sulfa, Apt. 8, etc. 21 City 8, Sulfa 29 Country 20 Sulfa 20 Sulfa, Apt. 8, etc. 20 Sulfa, Apt. 8, etc. 20 Sulfa 20 Su	1 Corporatio	n Name	,	(7)					
Principal Place of Business									
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Sall MEST OF PLACE 9102 HALEAH FL 3016 US	1								1
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Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. #	- '	'						Use Certificate of Status Destreo	1
City & State	Suite, Apt. #, etc. Suite, Apt. #, etc.								
28									
Zip Country Zip Country Zip Country B. This exponsation owes or has paid the current year intendible Personal Property Tax due June 30. Yes No No No No No No No N	⊢ ′	e	<u> </u>	State					
28									
10. Name and Address of New Registered Agent		Country	Zip	Ļ		У			- 1
81 Name	24				30				
PICHARDO, FERNANDO		9. Name and Address of Currer	nt Registered A	igent				10. Name and Address of New Registered Agent	
2481 WEST 60TH PLACE 102 STE 102 HIALEAH FL 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 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, 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, or both, in the State of Florida, Statutes, agent, 1 and accept the oldigations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or priced name of registered agent and their applicable. (NOTE Registered Agent algorithment agent and their agents and their agents and their agents and their agents and their agents. (NOTE Registered Agent algorithment agent and their agents and their agents.) Signature, typed or priced name of registered agent and their agents. (NOTE Registered Agent algorithment agent and their agents.) Signature, typed or priced name of registered agent, or both, in the State of Priceds and their agents. (NOTE Registered Agent algorithment agent and their agents.) Signature, typed or priced name of registered agent, or both, in the State of Priceds and the appointment as registered agent. (NOTE Registered agent.) Signature inquired with institution and the appointment as registered agent. (NOTE Registered agent.) DELETE					81	Name	;		İ
STEE 102					82	Street	t Address (P.O. Box Number is Not Acceptable)		
HALEAH FL 33016 11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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, or an accept the obligations of, Section 617.0502, Florida Statutes, agent, I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes. SIGNATURE SIGNATUR					83				
11. Pursuant to the provisions of Sections 617,0502 and 617 1509, Florida Statutes, the above-named corporation submits this statement for the pursoes 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 signal and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 11. TITLE PD DELETE 12. NAME STREET ADDRESS CITY-51-2P TITLE VD DELETE 22. TITLE VD DELETE 22. TITLE VD DELETE 22. TITLE VD DELETE 22. TITLE VD DELETE 23. STREET ADDRESS CITY-51-2P HIALEAH FL 14. TITLE STD DELETE 33. STREET ADDRESS CITY-51-2P HIALEAH FL 14. TITLE STD DELETE 33. STREET ADDRESS CITY-51-2P HIALEAH FL 14. TITLE STD DELETE 33. STREET ADDRESS CITY-51-2P HIALEAH FL 14. TITLE DELETE 33. STREET ADDRESS CITY-51-2P TITLE DELETE 44. TITLE DELETE 44. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LECTRANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. MAME 15. MADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. TITLE 16. TITLE 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. TITLE 10. DELETE 34. TITLE 10. DELETE 44. TITLE 44. CITY-51-2P 44. CITY-51-2P 44. CITY-51-2P 44. CITY-51-2P 44. CITY-51-2P 44. CITY-51-2P 44. TITLE 44. CITY-51-2P 44. CI					~	1			
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 agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE PD	HIALEAN FL 33016				84	City		85 Zip Code	\Box
SIGNATURE Signature, typed or printed name of registered agent and site if applicable, (NOTE, Registered Agent signature required when reinstaticy)	11. Pursuant to the provisions of Sections 617 0502 and 617 1508 Florida Statutos the					l /e-named	1 corpo		red
SIGNATURE Signature, typed or printed name of registered agent and site if applicable, (NOTE, Registered Agent signature required when reinstaticy)	office or r	egistered agent, or both, in the State	of Florida, Suc	h change was at	thorized b	y the cor	poratio	on's board of directors. I hereby accept the appointment as registere	ď
Signature, typed or primed name of registered agont and title in policiable. (NOTE: Registered Agont dignature required when retinately) DATE	agent. I a	im familiar with, and accept the oblig	ations of, Section	on 617.0503, Flor	ida Statute	s.		•••	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE.								
TITLE	12			ole. (NOTE:		ent signatur	e required		
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NAME PICHARDO, FERNANDO	CITY-ST-ZIP				2.4 CITY-	ST-ZIP	17		
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CITY-ST-ZIF	!					r Annocce			- 1
		certify that the information supplied w	ith this filing do	es not qualify for			ed in Se	ection 119,07(3)(i). Florida Statutes. I further certify that the information	an

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 appears.

SIGNATURE:

URFFERNANDO PICHARDO

Jan. 28, 1998 (38) 887-1901