

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB - 1 PH 2:00

DOCUMENT # **N26641** (3)

1. Corporation Name  
**INTERNATIONAL DIVINE REALIZATION SOCIETY INC.**

Principal Place of Business Mailing Address  
12205 SW 16 TERRACE #A107 MIAMI FL 33175  
12205 SW 16 TERRACE #A107 MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/26/1988** 3a. Date of Last Report **03/22/1994**  
4. FEI Number **65-0056955** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**LACAYO, DANILO J.**  
**12205 SW TERRACE #A107**  
**MIAMI FL 33175-8597**

10. Name and Address of New Registered Agent  
81 Name **LACAYO, DANILO**  
82 Street Address (P.O. Box Number is Not Acceptable) **13225 SW 111TH TERRACE # 4**  
83  
84 City **Miami** FL 85 Zip Code **33186**

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

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FLORES, RONALD
STREET ADDRESS	10447 SW 108TH AVE. E266
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	BASSETT, YESEL R.
STREET ADDRESS	10282 SW FLAGLER TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	LACAYO, DANILO
STREET ADDRESS	3225 SW 111TH TERRACE 34
CITY-ST-ZIP	MIAMI FL
TITLE	F
NAME	DUARTE, MANUEL
STREET ADDRESS	880 SW 129TH PL., 28
CITY-ST-ZIP	MIAMI FL
TITLE	T
NAME	RUIZ, ARGENTIAN
STREET ADDRESS	11003 SW 88ST, B-103
CITY-ST-ZIP	MIAMI FL
TITLE	F
NAME	AYERDIZ, SERGIA
STREET ADDRESS	8015 SW 134TH CT
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FLORES, RONALD	
1.3 STREET ADDRESS	430 COLUMBIAN ISLES DR # 705	
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009-7554	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BASSETT, YESEL R.	
2.3 STREET ADDRESS	11050 S.W. 109 TERRANCE	
2.4 CITY-ST-ZIP	MIAMI, FL 33157	
3.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LACAYO, DANILO	
3.3 STREET ADDRESS	13225 S.W. 111 TERRACE # 4	
3.4 CITY-ST-ZIP	MIAMI, FL 33186	
4.1 TITLE	F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DUARTE, MANUEL	
4.3 STREET ADDRESS	10920 SW 110 STREET	
4.4 CITY-ST-ZIP	MIAMI, FL 33157	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RUIZ, ARGENTIAN	
5.3 STREET ADDRESS	9035 S.W. 149TH BLVD	
5.4 CITY-ST-ZIP	MIAMI, FL 33196	
6.1 TITLE	F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	AYERDIZ, SERGIO	
6.3 STREET ADDRESS	8015 S.W. 134TH. CT.	
6.4 CITY-ST-ZIP	MIAMI, FL 331	

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DANILO LACAYO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-1995 (305) 477-1224  
Date Daytime Phone #