

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 # N26641 (3)
1. Corporation Name
INTERNATIONAL DIVINE REALIZATION SOCIETY INC.



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

3. Date Incorporated or Qualified: **05/26/1988**
3a. Date of Last Report: **02/01/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
LAZAYO, DANILO
13225 SW 111TH TERRACE
SUITE 4
MIAMI FL 33186

10. Name and Address of New Registered Agent
81 Name: **DANILO LACAYO**
82 Street Address (P.O. Box Number is Not Acceptable): **13225 SW 111TH TERRACE**
83 **Nº 4**
84 City: **Miami** FL 85 Zip Code: **33186**

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: *[Signature]* DATE: **2/18/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RENALD, FLORES	
STREET ADDRESS	430 GOLDEN ISLES DR SUITE 105	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BASSET, YESEL R	
STREET ADDRESS	11050 SW 169 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LACAYO, DANILO	
STREET ADDRESS	13225 SW 111 TERRACE SUITE 4	
CITY-ST-ZIP	MIAMI FL	
TITLE	F	<input type="checkbox"/> DELETE
NAME	DUARTE, MANUEL	
STREET ADDRESS	16920 SW 110 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RUIZ, ARGENTINA	
STREET ADDRESS	9035 SW 149TH PLAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	F	<input type="checkbox"/> DELETE
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RONALD, FLORES	
1.3 STREET ADDRESS	430 GOLDEN ISLES DR. # 105	
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009-7554	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: *[Signature]* DATE: **2/18/96** DAYTIME PHONE #: **(305) 477-1224**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/96)