

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 26 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12278 (0)**  
 1. Corporation Name  
**KARDECIAN SPIRITIST CONGREGATION, INC.**



Principal Place of Business <b>1875 W. FLAGLER STREET P.O. BOX 524388 MIAMI FL 33135</b>	Mailing Address <b>1875 W. FLAGLER STREET P.O. BOX 524388 MIAMI FL 33135-1839</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>01/10/1986</b>	3a. Date of Last Report <b>04/05/1996</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>COFINO PEDRO 2021 MERIDIAN AVE. #9 MIAMI BEAC FL 33139</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name			
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
<b>83</b>			
<b>84</b> City	<b>FL</b>	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SANCHEZ, JEMARIE</b>		1.2 NAME	
STREET ADDRESS <b>13940 OLD CUTLER RD.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PAYAS, MARIA</b>		2.2 NAME <b>FERNANDEZ, CASIANO</b>	
STREET ADDRESS <b>13940 OLD CUTLER RD.</b>		2.3 STREET ADDRESS <b>8895 S.W. 11TH STREET</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP <b>MIAMI, FL 33174</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FERNANDEZ, NORMA</b>		3.2 NAME	
STREET ADDRESS <b>8895 S.W. 11TH STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COFINO, PEDRO</b>		4.2 NAME	
STREET ADDRESS <b>2021 MERIDIAN AVENUE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI BEACH FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FERNANDEZ, JAIME</b>		5.2 NAME	
STREET ADDRESS <b>11510 N.W. 30 PLACE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>SUNRISE FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>AS</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>OSORIO, MARIA CRISTINA</b>		6.2 NAME <b>PEREZ-OSORIO, MARIA C.</b>	
STREET ADDRESS <b>401 N.W. 107TH AVENUE, #105</b>		6.3 STREET ADDRESS <b>401 N.W. 107 AVE #105</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		6.4 CITY-ST-ZIP <b>MIAMI, FL 33172</b>	

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: *Maria C. Perez-Osorio* **MARIA C. PEREZ-OSORIO, SEC/DIR** **3/17/97 (305) 552-0996**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029059

CR2E037 (9/96)