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Mar 07 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 # **N26641** (3)
1. Corporation Name
INTERNATIONAL DIVINE REALIZATION SOCIETY INC.

Principal Place of Business Mailing Address
12205 SW 16 TERRACE #A107 **12205 SW 16 TERRACE #A107**
MIAMI FL 33175 **MIAMI FL 33175-1569**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1988		3a. Date of Last Report 02/26/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0056955		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 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				10. Name and Address of New Registered Agent			
LACAYO, DANILO 13225 SW 111TH TERR #4 MIAMI FL 33186				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENALD, FLORES			1.2 NAME	RONALD, FLORES		
STREET ADDRESS	430 COLDEN ISLES DR SUITE 105			1.3 STREET ADDRESS	1805 NE 10TH ST #4		
CITY-ST-ZIP	HALLANDALE FL			1.4 CITY-ST-ZIP	Hallandale, FL 33009		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RONALD, FLORES			2.2 NAME	VESEL, BASSET		
STREET ADDRESS	430 GOLDEN ISLES DR, #705			2.3 STREET ADDRESS	11050 SW 16TH TERRACE		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	MIAMI, FL		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LACAYO, DANILO			3.2 NAME			
STREET ADDRESS	13225 SW 111 TERRACE SUITE 4			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	F	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUARTE, MANUEL			4.2 NAME			
STREET ADDRESS	16920 SW 110 COURT			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUIZ, ARGENTINA			5.2 NAME			
STREET ADDRESS	9035 SW 149TH PLAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP			
TITLE	F	<input type="checkbox"/> DELETE		6.1 TITLE	F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AYERDIZ, SERGIO			6.2 NAME	AYERDIZ, SERGIO		
STREET ADDRESS	8015 SW 134TH CT			6.3 STREET ADDRESS	8015 SW 134TH CT		
CITY-ST-ZIP	MIAMI FL			6.4 CITY-ST-ZIP	MIAMI, FL		

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: *[Signature]* **DANILU LACAYO** 2/23/97 (305) 477-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032918

CR2E037 (9/96)