

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90104 019 ****61.25

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DOCUMENT # N26641

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
05/26/1988

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 ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **VD** **VICE PRESIDENT**
STREET ADDRESS **FLORES, RONALD**
CITY-ST-ZIP **300 LAYNE BLVD, NO 108**
HALLANDALE FL 33009

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **VICE PRESIDENT**
1.3 STREET ADDRESS **FLORES, Ronald**
1.4 CITY-ST-ZIP **300 LAYNE BLVD # 108**
HALLANDALE, FL 33009

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **RONALD, FLORES**
CITY-ST-ZIP **430 GOLDEN ISLES DR, #705**
MIAMI FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **SD**
2.3 STREET ADDRESS **YESSEL R. BASSETT**
2.4 CITY-ST-ZIP **11050 SW 169TH TERRACE**
MIAMI, FL 33157

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **LACAYO, DANILO**
CITY-ST-ZIP **13225 SW 111 TERRACE SUITE 4**
MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **F**
STREET ADDRESS **DUARTE, MANUEL**
CITY-ST-ZIP **16920 SW 110 COURT**
MIAMI FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **RUIZ, ARGENTINA**
CITY-ST-ZIP **9035 SW 149TH PLAY**
MIAMI FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **F**
STREET ADDRESS **AYERDIZ, SERGIO**
CITY-ST-ZIP **8015 SW 134TH CT**
MIAMI FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99 (305) 477-1324
Date Daytime Phone #

CR2E037 (11/98)