

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNULAR REPORT
1995



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida
3900 North Florida Avenue

APPROVED
AND
FILED

DOCUMENT # P93000046781 (9)

99 MAY 11 AM 5:17

INTERACTIVE THERAPY, INC.

DEPT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Office Address		2a. Mailing Address	
4100 SW 57TH AVE MIAMI FL 33155 US		14411 COMMERCE WAY STE 310 MIAMI LAKE FL 33016 US	
2. Principal Office Telephone	2b. Mailing Address	4. FFI Number	3a. Date of Last Report
21	26	65-0422163	07/02/1993
3. State of Incorporation	3b. State of Mailing	5. Certificate of Status Desired	Adjusted Fee Not Applicable
22	27	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Total Fund Contribution	7. Total Fund Contribution	8. This corporation has liability for attorney's fee under s. 607.013, Florida Statutes.	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	81. Position	85. Zip Code
COFINO, PEDRO A ESQ 407 LINCOLN RD SUITE 2B MIAMI BEACH FL 33139		82. Street Address (P.O. Box Number - Not Applicable)	FL
		83. City	
		84. State	
		85. Zip Code	

11. I, the undersigned, declare that I am a resident of the State of Florida and that I am the duly authorized representative of the corporation for the purpose of changing its registered office as indicated above. I declare that the change was authorized by the officers or a board of directors, members, or a duly authorized registered agent of the corporation and that the corporation is in compliance with the provisions of the Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ATTORNEYS-COUNSELORS, CLERKS AND REGISTERED AGENTS																																				
<table border="1"> <tr> <td>NAME</td> <td>D Pelayo, Jose A DC</td> <td>POSITION</td> <td>Director</td> <td>Change</td> <td>Add</td> </tr> <tr> <td>ADDRESS</td> <td>600 NW 35TH AVE</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>MIAMI FL 33125</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NAME	D Pelayo, Jose A DC	POSITION	Director	Change	Add	ADDRESS	600 NW 35TH AVE						MIAMI FL 33125					<table border="1"> <tr> <td>NAME</td> <td></td> <td>POSITION</td> <td></td> <td>Change</td> <td>Add</td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	NAME		POSITION		Change	Add	ADDRESS											
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14. I, the undersigned, declare that the information supplied with this filing is complete, truthful and does not equal, for the corporation, stated in section 607.013, Florida Statutes. I further affirm that the information supplied in this filing complies with the provisions of section 607.013, Florida Statutes. I am not an attorney and that my signature shall have the same legal effect as if I were an attorney. I declare that the corporation is in compliance with the provisions of the Florida Statutes and that the corporation is in compliance with the provisions of the Florida Statutes.

SIGNATURE: 4/18/95 1643-8999
NON-RESIDENT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR