

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000046781 (9)**

1. Corporation Name

INTERACTIVE THERAPY, INC.



Principal Place of Business

Mailing Address

4100 SW 57TH AVE
MIAMI FL 33155
US

14411 COMMERCE WAY
STE 310
MIAMI LAKE FL 33016
US

2. Principal Place of Business

2a. Mailing Address

21 **600 NW 35 AVENUE**

26 **600 NW 35 AVENUE**

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 **SUITE 100**

27 **SUITE 100**

City & State

City & State

23 **MIAMI FL**

28 **MIAMI FL**

Zip Country

Zip Country

24 **33125** 25

29 **33125** 30

3. Date Incorporated or Qualified

07/02/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0422163

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COFINO, PEDRO A ESG
407 LINCOLN RD
SUITE 2B
MIAMI BEACH FL 33139**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(If I am Registered Agent, signature required for re-issuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

NAME **D Pelayo, Jose A DC**
STREET ADDRESS **600 NW 35TH AVE**
CITY-ST-ZIP **MIAMI FL 33125**

1.1 TITLE Change Addition

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE Change Addition

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE Change Addition

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE Change Addition

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE Change Addition

TITLE DELETE

NAME

STREET ADDRESS

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Di Recome

Jose A Pelayo

5/17/96

(305) 643-8999

CR2E034 (12/95)