

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000002947

**FILED**  
**Apr 30, 2022**  
**Secretary of State**  
**7689464761CC**

**Entity Name:** AMERICAN FEDERATION OF PSYCHOANALYSIS AND  
NEUROPSYCHOANALYSIS INTERGOVERNMENTAL ORGANIZATION INC,

**Current Principal Place of Business:**

AV. PRIMEIRO DE MARCO 971  
NOVO HAMBURGO, RS 93320-105

**Current Mailing Address:**

AV. PRIMEIRO DE MARCO 971  
NOVO HAMBURGO, RS 93320-105 BR

**FEI Number: 84-5140637**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

RODRIGUES, ANDRES SR,  
200 S E 1ST STREET  
S 604  
MIAMI, FL 33131 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           DIAS, CRISTIANA BOHN PHD,  
Address        AV. PRIMEIRO DE MARCO 971  
City-State-Zip: NOVO HAMBURGO RS 93320-105

Title           VP  
Name           DIAS, MARCOS VIVIANO PHD  
Address        AV. PRIMEIRO DE MARCO 971  
City-State-Zip: NOVO HAMBURGO RS 93320 -105

Title           SECRETARY  
Name           DIAS, CRISTIANA BOHN PHD,  
Address        AV. PRIMEIRO DE MARCO 971  
City-State-Zip: NOVO HAMBURGO RS 93320 -105

Title           AMERICAN REPRESENTATIVE  
Name           COHEN, ROBERTO PHD  
Address        AV. PRIMEIRO DE MARCO 971  
City-State-Zip: NOVO HAMBURGO RS 93320-105

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CRISTIANA BOHN DIAS**

**04/30/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date