

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 07 1996 8:00 am
Secretary of State

DOCUMENT # 731378
1. Corporation Name

THE PSYCHOPHYSICS FOUNDATION INC.

Principal Place of Business

Mailing Address

5663 S.W. 129 th PLACE

MIAMI, FLORIDA 33183

2. Principal Place of Business

21 5663 S. W. 129th place

2a. Mailing Address

26 5663 S.W. 129th PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 HOUSE

27 HOUSE

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Zip

Country

Country

24 33183

25 DADE

29 33183

30 DADE

9. Name and Address of Current Registered Agent

JOE CALABRESE
15414 N. W. 77th COURT
MIAMI, LAKES 33016

XDELETE

10. Name and Address of New Registered Agent

81 Name

MAGDALENA MEJIAS

82 Street Address (P.O. Box Number is Not Acceptable)

5663 S.W. 129th PLACE

83

5663 S.W. 129th PLACE

84 City

MIAMI, FLORIDA

85 Zip Code
FL 33183

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

MAGDALENA MEJIAS

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

(NOTE: Registered Agent's signature required when reinstating)

JULY 29, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D X DELETE

NAME JOSE CALABRESE

STREET ADDRESS 8198 N.W 162 STREET

CITY- ST- ZIP MIAMI, Florida, 33016 X DELETE

TITLE S/D

NAME DAVID MIRANDA

STREET ADDRESS 15665 MIAMI LAKES N. WAY

CITY- ST- ZIP

TITLE T/D X DELETE

NAME HECTOR HALL

STREET ADDRESS 692 west 29 STREET APT. #9

CITY- ST- ZIP HIALEAH, FLORIDA 33012 X DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE X DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE X DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/V/D/T/C X Change Addition

12 NAME MAGDALENA MEJIAS OTR

13 STREET ADDRESS 5663 S.W.129th Place

14 CITY- ST- ZIP MIAMI, FLORIDA 33183 X Change Addition

21 TITLE V/D/T/C

22 NAME LISA MANDALL THERAPIST

23 STREET ADDRESS 5663 S. W. 129th place

24 CITY- ST- ZIP

MIAMI, FLORIDA 33183 X Change Addition

31 TITLE V/D/T/C

32 NAME MONICA MEJIAS THERAPIST

33 STREET ADDRESS 5663 S.W 129th Place

34 CITY- ST- ZIP

Miami, Florida 33183 X Change Addition

41 TITLE D/C

42 NAME HERMAN VEGA PHYCOLOGYST PHD.

43 STREET ADDRESS 5663 S.W. 129th Place

44 CITY- ST- ZIP

MIAMI, FLORIDA 33183 X Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MAGDALENA MEJIAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY, 29th 1996 (305)388-7757

Date

Daytime Phone #

CR2E037 (3/96)