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NONPROFIT CORPORATION ANNUAL REPORT

. 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731378

FILED
May 20 1997 8:00am
Secretary of State

- Oznahandar ina Ma	. N. 19
The Psychophysics For	Dun dation, Fina.
Principal Place of Business Mailing Address	
15/11/12 112 77 10 An	ا الحم، ا
15414 N.W. 7741 Cou miami Lakes, Fl. 33	
miami Lakes, Fl. 33	3. Date Incorporated or Qualified 3a. Date of Last Report
	Dec. 9.1974 Aug. 7,1996
Principal Place of Business 2a. Mailing Address	4. FEI Number Chapter Applied For
21 54 4 n. w. 1) court 26 54 4 n. w). 7 / COUTS9 - 1562692 # 7313878 Not Applicable
Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional
22 HUSE 27 State City & State	Fee Required
miami Lake, Fl. 23 Miami La	6. Election Campaign Financing \$5.00 May Be
Zip Country Zip	Trust Fund Contribution Added to Fees Chuntry 8. This corporation has liability for intangible tax under s. 199,032,
m33016 m33014 m33014 m	Florida Statutes Yes No
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Belete	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
magaglena meil	195 25 5 W. 3m Ave
5663 5W 129m 0)) 83 11 th 3011
mani, F1. 33185	B4 City Sip Code 2
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Satutes office or registered agent, or both, in the State of Florida, Such change was aut	s, the above-named corporation submits this statement for the purpose of changing its registered athorized 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 617.05/3, Florid	ida Shilutes.
SIGNATURE Signature typod or profiled name of registered agent and tells if applicable (NOT)	Registered Apple's signature required when reinstaing) DATE
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PIVID TO DELETE	1.1 TITLE DID & reaking Deers W Change Addition
NAME Madalera Meilos	12 NAME
STREET ADDRESS SIGNAS SIW. 129 PIACL	1.3 STREET ADDRESS 15414 N.W. 77 and
CITY-ST-ZIP MIAMI, FI. 33185	14 CHY-SI-ZIP MIAMI Lakes, Fl. 330/6/
TALE VIDITIC: DELETE	2.1 TITLE Addition
MAME Hisci mandall Therapist	122 NAME NO CONTRACTOR OF THE PROPERTY OF THE
STREET ADDRESS 5663 5.W. 139 PIGO.	23 STREET ADDRESS 15665 miami Lakes, Fl.
CITY-ST-ZIP MAMI PI 33183	
WILE NOTICE TO CELETE	31 TITLE TID Addition
NAME monted met las intrapist	132 NAME HOLLON HOLL HOLL HOLL HOLL HOLL HOLL HO
STREET PROPERTY OF THE PROPERT	33 STREET ADDRESS TEGO West STILL STATE
TITLE MACANIA TO STATE	3.4. CITY-SI-7IP Halean, 17. 330 63
STREET ADDRESS CITY-ST-ZIP TITLE THE MICHAEL PROPERTY OF THE CONTROL OF THE CONT	4.2 NAME
STREET ADDRESS PSYCHOLOGISTS	4.3 STREET ADDRESS
CITY-ST-ZIP S668 S.C. 109 PIGE	# 44 CITY-ST-ZIP
TITLE MICHAEL PI. 33183 DELETE	5.1 Tifle Change Addition
NAME	
STREET ADDRESS	52 NAME 80002199738 53 STREET ADDRESS -06/03/9701044034
CITY-ST-ZIP	54CITY-ST-ZIP ***81.25
TITLE DELETE	61 THLE Change Addition
NAME	62 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY - ST - ZIP	6.4 CITY - ST - ZIP 3/3-C/71
information indicated on this annual report or supplemental annual report is true	for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the e 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 anjaddress.	
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