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FILED
Feb 24 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Randolph B. McInnis
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731378 (6)

1. Corporation Name

THE PSYCHOPHYSICS FOUNDATION INC.

Principal Place of Business

Mailing Address

15414 NW 77 COURT HOUSE
MIAMI LAKES FL 33016

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MIAMI LAKES FL 33016

3. Date Incorporated or Qualified

12/09/1974

4. FEI Number

59-1562642

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALABRESE, JOSE
2525 S.W. 3RD AVENUE SUITE #304
MIAMI FL 33129

81 Name CALABRESE, JOSE DV PH.D.

82 Street Address (P.O. Box Number is Not Acceptable)
8198 NW 162 ST

83

84 City MIAMI LAKES FL 85 Zip Code 33016

11. Pursuant to the provisions of Sections 617.0502 and 617.1908, 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 provisions of, Sections 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CALABRESE, JOSE
STREET ADDRESS 15414 N.W. 77 COURT
CITY-ST-ZIP MIAMI LAKES FL 33016

1.1 TITLE P/D
1.2 NAME CALABRESE, JOSE DV
1.3 STREET ADDRESS 8198 NW 162 ST
1.4 CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE SD
NAME MIRANDA, DAVID
STREET ADDRESS 15665
CITY-ST-ZIP MIAMI LAKES FL

2.1 TITLE S/D
2.2 NAME ALVAREZ, GUILLERMO DV
2.3 STREET ADDRESS 431 NW 56 AVE
2.4 CITY-ST-ZIP MIAMI FL 33016

TITLE TD
NAME HALL, HECTOR
STREET ADDRESS 692 WEST 20 STREET APT #9
CITY-ST-ZIP HIALEAH FL 33012

3.1 TITLE T/D
3.2 NAME CALABRESE NATALIA
3.3 STREET ADDRESS 8198 NW 162 ST
3.4 CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

1/13/97

CR2E037 (10/97)