

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katharine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90124 001 \*\*\*150.00

DOCUMENT # *C-80642*  
1. Corporation Name  
INTERNATIONAL CENTER OF PSYCHOLOGY, INC.

Principal Place of Business: 296 S.W. 113th. Ave. Miami, FL 33174-1137  
Mailing Address: 296 S.W. 113th. Ave. Miami, FL 33174-1137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1983  
4. FEI Number: 65-0270168  
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 owes the current year intangible Persons Property Tax:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address: 28 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29

9. Name and Address of Current Registered Agent  
GARCIA, HAYDEE  
296 S.W. 113th. Ave.  
Miami, FL 33174-1137

10. Name and Address of New Registered Agent  
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.

(NOTE: Registered Agent signature required when releasing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTUONDO, JUAN A.	1.2 NAME	
STREET ADDRESS	CALLE AMIGO 38, 1ST 2ND	1.3 STREET ADDRESS	
CITY-ST-ZIP	BARCELONA 21, SPAIN	1.4 CITY-ST-ZIP	
TITLE	GARCIA, HAYDEE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, HAYDEE	2.2 NAME	
STREET ADDRESS	296 S.W. 113th. Ave.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33174-1137	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEURTADO, JAMES D	3.2 NAME	
STREET ADDRESS	5200 S.W. 8th. St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134 <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: *Haydee Garcia*  
SIGNATURE AND PRINTED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
HAYDEE GARCIA

*Haydee Garcia*  
DATE: 4/26/99  
OFFICE: 205-519-0512  
Deputy Secretary

CR2034 (1/98)