FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

1995 JUN 21 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48783 (7)

1. Corporation Name

INTERNATIONAL SOCIETY OF HUMANISTIC PSYCHOLOGY I NC.

Principal Place of Business	Mailing Address
1901 BRICKELL AVENUE SUITE B412 MIAMI FL 33129	1901 BRICKELL AVENUE SUITE B412 MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1992
3a. Date of Last Report: 05/10/1994
4. FEI Number: 65-0384866 ☒ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

ROMAN, DANIEL
~~200 NW 135TH AVENUE~~ WRONG. 1901 BRICKELL Ave.
SUITE B412
MIAMI FL ~~33182~~ 33129

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	Director ☐ Change ☐ Addition
NAME	ROMAN, DANIEL	12 NAME	
STREET ADDRESS	1901 BRICKELL AVE., #B-412	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	Treasurer ☐ Change ☐ Addition
NAME	ROMAN, AGUSTINA	22 NAME	
STREET ADDRESS	1901 BRICKELL AVE., #B-412	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	24 CITY-ST-ZIP	
TITLE		31 TITLE	Director ☐ Change ☐ Addition
NAME	MONNAR, ARMANDO DR. Psy	32 NAME	
STREET ADDRESS	6261 NW 8th St. #202	33 STREET ADDRESS	
CITY-ST-ZIP	Miami, FLA. 33126	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	900001520149
STREET ADDRESS		43 STREET ADDRESS	-06/22/95--01013--018
CITY-ST-ZIP		44 CITY-ST-ZIP	****130.00 ****130.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	SP 6/21/95

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)(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: Dr. Daniel Roman (Dr. Daniel Roman) April 14, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041208