

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000004155 (8)

1. Corporation Name

COLEGIO NACIONAL DE PSICOLOGOS CUBANO, INC.

Principal Place of Business

5609 NW 203RD TER  
MIAMI FL 33055

Mailing Address

5609 NW 203RD TER  
MIAMI FL 33055



3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

07/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LLANES, SERGIO  
5609 NW 203RD TER  
MIAMI FL 33055

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 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

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 DP ☐ DELETE  
NAME LLANES, SERGIO  
STREET ADDRESS 5609 NW 203RD TER  
CITY-ST-ZIP MIAMI FL 33055

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DV ☐ DELETE  
NAME GUILLERMO, ALVARER  
STREET ADDRESS 2001 NW 7TH ST STE. 302  
CITY-ST-ZIP MIAMI FL 33125

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME DU  
2.3 STREET ADDRESS GUILLERMO, ALVAREZ  
2.4 CITY-ST-ZIP 2001 NW 7TH ST. STREET 302  
MIAMI, FL 33125

TITLE DS ☐ DELETE  
NAME ~~LLANES, ROSA~~  
STREET ADDRESS ~~5609 NW 203RD TER~~  
CITY-ST-ZIP ~~MIAMI FL 33055~~

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ~~DF~~ ☒ DELETE  
NAME ~~LLANES, ROSA~~  
STREET ADDRESS ~~5609 NW 203RD TER~~  
CITY-ST-ZIP ~~MIAMI FL 33055~~

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME DT  
4.3 STREET ADDRESS ASCUY, ELIZA  
4.4 CITY-ST-ZIP 5609 NW 203RD TERRACE  
MIAMI, FL 33055

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)