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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N94000004018 (7)**

1. Corporation Name

CENTRO INTERNACIONAL DE TEOTERAPIA INTEGRAL, INC

Principal Place of Business

Mailing Address

**3399 N. W. 72 AVE
MIAMI FL 33132****PO BOX 524156
MIAMI FL 33152-4156**3. Date Incorporated or Qualified
08/16/19943a. Date of Last Report
07/17/1996

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

**CASTANO, LUIS B
3399 N. W. 72 AVE
MIAMI FL 33132****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 **X**

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	D	☐ DELETE
NAME	CASTANO, LUIS B	
STREET ADDRESS	9939 NW 29 ST	
CITY - ST - ZIP	COSTA VERDE FL 33172	

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	CASTANO, LUIS B.	
1.3 STREET ADDRESS	3399 N.W. 72 ave	
1.4 CITY - ST - ZIP	MIAMI FL 33132	

TITLE	D	☐ DELETE
NAME	JAIMES, DELMA	
STREET ADDRESS	14981 SW 147 CT	
CITY - ST - ZIP	MIAMI FL 33196	

2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	D	☐ DELETE
NAME	LEON, ENRIQUE	
STREET ADDRESS	692 STANTON DRIVE	
CITY - ST - ZIP	FT LAUDERDALE FL 33326	

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

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

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 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: **Luis B. Castano**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0030865**

CR2E037 (9/96)