

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

|                                                                                                        |  |                                                                                   |  |                                                                                                    |  |
|--------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998                                                               |  |  |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # N94000004018 (7)<br>1. Corporation Name<br>CENTRO INTERNACIONAL DE TEOTERAPIA INTEGRAL, INC |  |                                                                                   |  |                                                                                                    |  |



|                                                                    |                                                    |
|--------------------------------------------------------------------|----------------------------------------------------|
| Principal Place of Business<br>3399 N. W. 72 AVE<br>MIAMI FL 33132 | Mailing Address<br>PO BOX 524156<br>MIAMI FL 33152 |
|--------------------------------------------------------------------|----------------------------------------------------|

|                                                                                                                                                                         |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br>08/16/1994                                                                                                                         |                                                        |
| 4. FEI Number<br>65-0508909                                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required                                                                     |                                                        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                                                             |                                                        |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                  |                                                        |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

|                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br>CASTANO, LUIS B<br>3399 N. W. 72 AVE<br>MIAMI FL 33132 |  |
|-----------------------------------------------------------------------------------------------------------|--|

|                                                       |             |
|-------------------------------------------------------|-------------|
| 10. Name and Address of New Registered Agent          |             |
| 81 Name                                               |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | 85 Zip Code |
| FL                                                    |             |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                            |                                   |
|----------------------------|-----------------------------------|
| 12. OFFICERS AND DIRECTORS |                                   |
| TITLE                      | D <input type="checkbox"/> DELETE |
| NAME                       | CASTANO, LUIS B                   |
| STREET ADDRESS             | 3399 NW 72ND AVE                  |
| CITY-ST-ZIP                | MIAMI FL                          |
| TITLE                      | D <input type="checkbox"/> DELETE |
| NAME                       | JAIMES, DELMA                     |
| STREET ADDRESS             | 14981 SW 147 CT                   |
| CITY-ST-ZIP                | MIAMI FL 33196                    |
| TITLE                      | D <input type="checkbox"/> DELETE |
| NAME                       | LEON, ENRIQUE                     |
| STREET ADDRESS             | 692 STANTON DRIVE                 |
| CITY-ST-ZIP                | FT LAUDERDALE FL 33326            |
| TITLE                      | <input type="checkbox"/> DELETE   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      | <input type="checkbox"/> DELETE   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |

|                                                       |                                                                                |
|-------------------------------------------------------|--------------------------------------------------------------------------------|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                                |
| 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| 1.2 NAME                                              |                                                                                |
| 1.3 STREET ADDRESS                                    |                                                                                |
| 1.4 CITY-ST-ZIP                                       |                                                                                |
| 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| 2.2 NAME                                              |                                                                                |
| 2.3 STREET ADDRESS                                    |                                                                                |
| 2.4 CITY-ST-ZIP                                       |                                                                                |
| 3.1 TITLE                                             | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME                                              | CASTANO OLGA                                                                   |
| 3.3 STREET ADDRESS                                    | 9939 N.W. 29 ST                                                                |
| 3.4 CITY-ST-ZIP                                       | Miami FL 33172                                                                 |
| 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| 4.2 NAME                                              |                                                                                |
| 4.3 STREET ADDRESS                                    |                                                                                |
| 4.4 CITY-ST-ZIP                                       |                                                                                |
| 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| 5.2 NAME                                              |                                                                                |
| 5.3 STREET ADDRESS                                    |                                                                                |
| 5.4 CITY-ST-ZIP                                       |                                                                                |
| 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| 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: *Luis Benamor Castano*

01/12/98

(305) 6394698

CR2E037 (10/97)