FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000034774 (8)**

1. Corporation Name

PSYCH RESOURCES, INC.

Principal Place of Business	Mailing Address
12900 NE 17TH AVE SUITE 407 NORTH MIAMI FL 33181	12900 NE 17TH AVE SUITE 407 NORTH MIAMI FL 33181

3. Date Incorporated or Qualified: 05/12/1993
3a. Date of Last Report: 04/03/1995
4. FEI Number: 65-0410427 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 100 NW 170 St	26 100 NW 170 St
Suite, Apt. #, etc. 22 407	Suite, Apt. #, etc. 27 407
City & State 23 N. Miami Bch Fl	City & State 28 N. Miami Bch, Fl
Zip 24 33169 Country 25	Zip 29 33169 Country 30

9. Name and Address of Current Registered Agent

ESPINOSA, JUAN B
~~12900 NE 17 AVE.~~ 100 NW 170 St
SUITE 407 #407
~~NORTH MIAMI FL 33181~~ N. Miami Beach, Fl 33169

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ESPINOSA, JUAN B	
STREET ADDRESS	~~12900 NE 17 AVE. #407~~ 100 NW 170 St	
CITY-ST-ZIP	~~NORTH MIAMI FL 33181~~ NMB, Fl 33169	
TITLE	VD	☐ DELETE
NAME	BENOVITZ, LARRY P	
STREET ADDRESS	1190 NW 95 ST.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	SD	☐ DELETE
NAME	WORTHAL TER, PEYSAF	
STREET ADDRESS	~~1990 NE 180 ST.~~ 100 NW 170 St #409	
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL 33162~~ NMB, Fl 33169	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] MD JUAN B ESPINOSA 1/25/96 3056533700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #