

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000040514 (0)**

1. Corporation Name
INTERNATIONAL PSYCHIC SOCIETY, INC.

Principal Place of Business Mailing Address
2720 CORAL WAY 2720 CORAL WAY
4 FL 5 FL
MIAMI FL 33145 MIAMI FL 33145
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/01/1993** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0418912** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
~~DIEZ-SANTIAGO~~
~~3101-CORAL-WAY~~
~~3RD-FLOOR~~
~~MIAMI-FL-33145~~

10. Name and Address of New Registered Agent
81 Name **David M. Stolar**
82 Street Address (P.O. Box Number is Not Acceptable) **1350 Kane Concourse**
83
84 City **Bay Harbor Islands FL** 85 Zip Code **33154**

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 *David M. Stolar* **DAVID M. STOLAR (ESQUIRE)** **5/9/95**
(Signature based on (current) name of registered agent and title if applicable) (DATE) (Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS
TITLE **D**
NAME **BAKULA, GUILLERMO**
STREET ADDRESS **1525 CALAIS DR.**
CITY - ST - ZIP **MIAMI BEACH FL 33141**
TITLE **D**
NAME **CONCEPCION, JORGE**
STREET ADDRESS **2720 CORAL WAY 5 FL**
CITY - ST - ZIP **MIAMI FL**
TITLE **D**
NAME **RAMOS, JORGE**
STREET ADDRESS **2720 CORAL WAY 5 FL**
CITY - ST - ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE Change Addition
12 NAME
13 STREET ADDRESS **2720 Coral Way, 5th FL**
14 CITY - ST - ZIP **Miami, FL 33145**
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE Change Addition
32 NAME **Remove as officer & director.**
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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)(b), 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 record 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 *Guillermo Bakula* **5-10-95** **(305) 442-9700**
(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Contact Number)
GUILLERMO BAKULA