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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000058172 (4)**

1. Corporation Name

PSYTEK, INC.

Principal Place of Business	Mailing Address
2972A AVENTURA BLVD., SUITE 202 AVENTURA FL 33180	2972A AVENTURA BLVD., SUITE 202 AVENTURA FL 33180

3. Date Incorporated or Qualified: 07/27/1995

3a. Date of Last Report:

2. Principal Place of Business
21 21000 N.E. 28th Avenue
Suite, Apt. #, etc.
22 204
City & State
23 Aventura, FL
Zip 24 33130 Country 25 USA

2a. Mailing Address
26 21000 N.E. 28th Avenue
Suite, Apt. #, etc.
27 204
City & State
28 Aventura, FL
Zip 29 33180 Country 30 USA

4. FEI Number: 65-0596416 ☐ 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

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET, SUITE 1
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Ronald R. Fieldstone
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd., Suite 2100
83
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Section 607.1005, 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. The 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: [signature] RONALD R. FIELDSTONE 5-1-96
Signature, type or printed name of registered agent, and title if applicable — If the Registered Agent is an artificial entity listed above, the name and office title of the officer or agent signing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LASRY, RICHARD 2972A AVENTURA BLVD., SUITE 202 AVENTURA FL 33180	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P D Lasry, Richard 21000 N.E. 28th Avenue Aventura, FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP S D Lasry, John 21000 N.E. 28th Avenue Aventura, FL 33180	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Lasry, Pascal 21000 N.E. 28th Avenue Aventura, FL 33180	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	000001884880 -07/08/96--01001--027 ***225.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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 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] JOHN LASRY V.P. 1-26-96 305-933-1690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #