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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

appears in Block 12 or

SIGNATURE:

P95000087555 (5)

BEHAVIORAL CONCEPTS INTERNATIONAL, INC.

Principa' Place of Business Mailing Address C/O MARIA E. RODRIGUEZ C/O MARIA E. RODRIGUEZ 5622 NW 104 COURT 5622 NW 104 COURT MIAMI FL 33178 **MIAMI FL 33178** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-064 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RODRIGUEZ, MARIA 82 Street Address (P.O. Box Number is Not Acceptable) 5622 NW 104 COURT 83 MIAMI FL 33178 84 City Zip Code 85 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 charge was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELE1E TITLE PID 1. 1 3 ITLE Change Addition Lourdes Rodriquez NAME 1.2 NAME 9439 Fountainblen Blvd. #109 STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2 1 1111 E VPID [] Change Addition maria Rodriquez NAME 2.2 NAME 5622 NW 104 Ct. STREET ADDRESS 2.3 STREET ADDRESS miami. FL 33178 CITY-ST-ZIP 2 4 CITY - ST - ZIP VPISITID TITLE □ DELETE 3. 1 TITLE Change Addition Amanda HOPKINS-ALEXIADIS NAME 3.2 NAME 9705 Costa del Sol Biva. STREET ADDRESS 3.3 STREET ADORESS miami, FL CITY-ST-7P 33178 3 4 CITY-ST-ZIP TITLE DELFTE 4 1 1171,6 Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-ZIP DELETE TITLE 5 1 TELE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C/TY - ST - Z/P TITLE DELETE 6 1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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)(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 of 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

(12/95)

CR2E034

4/30/96 (305)592-0385