SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000090509 (7)

FILED Jul 25 1997 8:00am Secretary of State

ESSENTIALS IN PSYCHOLOGY, IN	C.		I MARINTAL DIE MANALANIO JANIA ARDIO
Principal Place of Business	Mailing Address		r testinen tie heidt stift datif öbin oblif öblið lölft Skiet bifti öblið Hill fölt
8000 GOVERNORS SQUARE BLVD. SUITE 300	8000 GOVERNORS SO	uare blvd.	
MIAMI FL 33016	Suite 300 Miami Fl 33016		DO NOT WRITE IN THIS SPACE
	WWW. 12 00010		3. Date Incorporated or Qualified 3a. Date of Last Report
			11/28/1995 02/15/1996
2. Principal Place of Business	2a, Mailing Address		4. FEI Number Applied For
21	26		65-0625554 Not Applicable
Suite, Apt. #, otc.	Suite, Apt. #, etc.		6. Certificate of Status Desired S8.75 Additional Fee Regulred
City & State	City & State		
23	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 25	29	30	Personal Property Tax due June 30. Yes No
g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
BRAND, CRAIG A		81 Name	
66 W. FLAGLER ST.		82 Street Add	dress (P.O. Box Number is Not Acceptable)
SUITE 300		83	
MIAMI FL 33130		[**]	,
		84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	2 and 607.1508, Florida Stat	tutes, the above-named co	rporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State	of Florida, Such change was	s authorized by the corpor Florida Statutes	rporation submits this statement for the purpose of changing its registered alion's board of directors. I hereby accept the appointment as registered
SIGNATURE		ronda diatatos.	
Signature, typed or printed name of registered age	nt and title if applicable (N	OTE Registered Agent signature req	ulred when reinstating) DATE
12. OFFICERS AND	<u> </u>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE U	☐ DELETE	1.1 TITLE] Change
NAME PACE-CALIXTO, CLAUDIA STREET ADDRESS 2335-A WEST 69TH STREET		1.2 NAME	
LIIAI PALLEL ANNAN		1.3 STREET ADDRESS	
TITLE D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME SEGAL, BONNIE		2.2 NAME	
STREET ADDRESS 17890 N.E. 31ST COURT APT	7. 3220	2.3 STREET ADDRESS	
CITY-ST-ZIP AVENTURA FL 33160		2 4 CITY - ST - ZIP	
TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-SI-ZIP	T berese	3.4. CITY-ST-ZIP	The state of the s
TITLE	☐ DEFELE	4.1 TITLE	Change Addition
NAME CTREET ADDRESS		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CATY-ST-ZIP TITLE	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	The Control of the Co
STREET ADDRESS		5.3 STREET ADDRESS	
City-St-ZiP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS			
OTTACK POSITION		6.3 STREET ADORESS	

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

GNATURE:

GNATURE: