

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000092965 (8)**

1. Corporation Name  
**HIPOCAMPUS, INC.**

Principal Place of Business

**1036 NW 126 CT.  
MIAMI FL 33182**

Mailing Address

**1036 NW 126 CT.  
MIAMI FL 33182-2030**



2. Principal Place of Business

**21 815 N.W. 126 CT.**

Suite, Apt. #, etc.

22 City & State

**23 MIAMI FL.**

Zip

**24 33182**

Country

**25 USA**

2a. Mailing Address

**26 815 N.W. 126 CT.**

Suite, Apt. #, etc.

27 City & State

**28 MIAMI FL.**

Zip

**29 33182**

Country

**30 USA**

3. Date Incorporated or Qualified

**11/13/1996**

3a. Date of Last Report

4. FEI Number

**65-0722584**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐

**\$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

**SANTISTEBAN, ERNESTO  
1036 NW 126 CT.  
MIAMI FL 33182**

10. Name and Address of New Registered Agent

81 Name

**SANTISTEBAN, ERNESTO**

82 Street Address (P.O. Box Number is Not Acceptable)

**815 N.W. 126 CT.**

83

84 City

**MIAMI**

**FL**

85 Zip Code

**33182**

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

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

**D PINA, LUIS  
1036 NW 126 CT.  
MIAMI FL 33182**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

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7.1 TITLE

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8.1 TITLE

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