


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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000004530 NM CHG 1-2-98		
1. Corporation Name Counseling & Hypnosis Associates, Inc.		

Principal Place of Business 8045 N.W. 36TH ST SUITE 510 MIAMI FL 33166	Mailing Address 8045 N.W. 36TH ST SUITE 510 MIAMI FL 33166
---	---

2. Principal Place of Business 21 600 Brickell Avenue Suite, Apt. #, etc. 22 Suite 300-I City & State 23 Miami, FL Zip 24 33131	2a. Mailing Address 26 600 Brickell Avenue Suite, Apt. #, etc. 27 Suite 300-I City & State 28 Miami, FL Zip 29 33131	Country 25 USA 30 USA
--	---	-----------------------------

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1/15/97	4. FEI Number 65-072-0505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name Felix O. Padron 82 Street Address (P.O. Box Number is Not Acceptable) 600 Brickell Avenue 83 Suite 300-I 84 City Miami FL 85 Zip Code 33131
---	--

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 Felix O. Padron DATE 4/26/98

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, LINDA V
STREET ADDRESS	8045 N.W. 36TH ST
CITY-ST-ZIP	MIAMI FL 33166
TITLE	STD <input type="checkbox"/> DELETE
NAME	PADRON, FELIX O
STREET ADDRESS	8045 N.W. 36TH ST
CITY-ST-ZIP	MIAMI FL 33166
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Padron, Felix O
2.3 STREET ADDRESS	600 Brickell Avenue ; Suite 300-I
2.4 CITY-ST-ZIP	Miami, FL 33131
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(6), 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: Felix O. Padron, President (Felix O. Padron) 4/26/98 (305) 373-0843

CR2E034 (10/97)